



**CLINIC
CLERK/RECEPTIONIST
ADMINISTRATIVE
RESPONSIBILITIES
“SMART BOOK”**

**WILLIAM BEAUMONT ARMY MEDICAL CENTER
CLINIC CLERK/RECEPTIONIST ADMINISTRATIVE
RESPONSIBILITIES SMART BOOK**

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1. INTRODUCTION

1.1 “SMART-BOOK” BACKGROUND

Effective 29 November 2000, the Assistant Secretary of Defense established policy for the implementation of the Data Quality Management Control Program for the Military Health System. The quality of our data is paramount to our success as decisions about our budget, staffing and existence are based on our data.

Effective 1 October 2002, the Department of Defense transitioned to an itemized billing methodology for outpatient services provided to our beneficiaries. Successful implementation of Outpatient Itemized Billing was expected to result in improved billing operations and increased revenue.

The success of both the Data Quality Management Control Program and the Outpatient Itemized Billing initiatives, however, have been hampered by our inability to consistently perform the critical administrative tasks required each and every day.

This manual was developed as a reference guide to provide step-by-step instructions for completion of the daily administrative tasks required by all clinic clerks, receptionists, and other applicable personnel.

1.2 POINTS OF CONTACT FOR SUPPORT

FOR TOPICS COVERED IN THIS MANUAL:

Issue/Concern	POC	Phone
Ambulatory Data Module (ADM) Process	Ms. Alma Pineda	569-3549
Appointment Booking Processes	Ms. Trudy Barkley	569-1171
Billable Encounter Flow	Ms. Sylvia Tapia	569-2159
	Ms. Alma Pineda	569-3549
CHCS End-of-Day Processing	Ms. Dee Davison	569-3533
	Ms. Lori Hood	569-3480
Emergency Department Clerk Instruction	Mr. Chris Reeves	569-2819
Foreign National Process	Ms. Sylvia Tapia	569-2159
ID/DEERS Checking Process	Ms. Sylvia Tapia	569-2159
Medical Record Tracking (Outpatient)	Mr. Jack Bell	569-2198
Other Health Insurance Information (OHI)	Ms. Molly Dudzienski	569-1620
Other Patient Category/Misc. "K" Pats	Ms. Sylvia Tapia	569-2159
Unscheduled Visit Process	Ms. Trudy Barkley	569-1171
Verification of Registration/Eligibility	Ms. Sylvia Tapia	569-2159
Veterans Check-In Process	Ms. Sylvia Tapia	569-2159
Workers Compensation/OJI Process	Ms. Sylvia Tapia	569-2159

OTHER HELPFUL NUMBERS:

Area	POC	Phone
Ambulatory Coding Coordination	Ms. Ezzie Bass	569-2398
	Ms. Alma Pineda	569-3549
Clinical Support Branch	Mr. Rip Rupkalvis	569-2658
	Mr. Carlos Vega	569-3844
Computer Help Desk	Various Personnel	569-2916
Data Quality Management	Ms. Dee Davison	569-3533
	Ms. Lori Hood	569-3480
Department of Medicine Admin Officer	Ms. Sherri Pelletier	569-2132
Department of Primary Care Admin Officer	Ms. Laura Gonzalez	569-2449
Department of Surgery Admin Officer	Ms. Maria Gonzales	569-1969
SFMC Admin Officer	Ms. Chrystina Power	568-5164
TRICARE	Mr. Adon Lozano	569-1156
Uniform Business Office	Mr. John Bielawski	569-2992

2. William Beaumont Army Medical Center Patient Check-In Process

The following Flow-Charts are to be utilized as part of the process needed for the Patient Check-In Process. Clinic personnel are required to follow the instructions to make sure all patients meet the criteria for receiving medical care at the Military Treatment Facility. This process must be done prior to patient receiving medical care, ancillary services and any other services such as Durable Medical Equipment or Durable Medical Supplies.

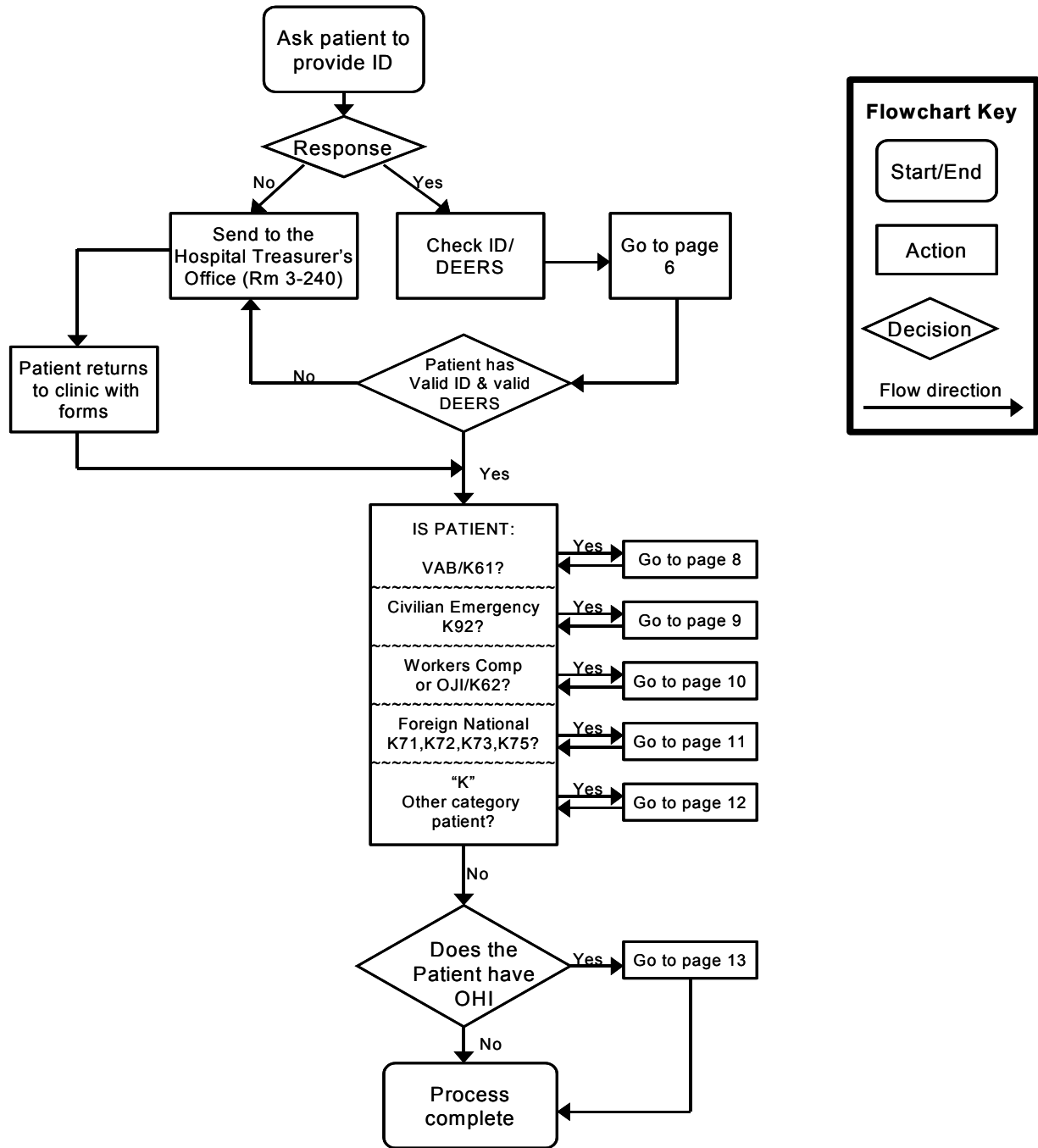
Clerks are required to request to view each patient's identification card and to ensure eligibility for care. If the patient's card has expired, the clerk will confiscate it and turn it in to Patient Administration Division.

Clerks are also required to verify and update patient demographic data such as home address, phone number, unit and duty number.

2.1 Verification of Registration/Eligibility/OHI

- Refer to page 4 and page 5 of the flow chart to determine if the patient is eligible for treatment and under what patient category.

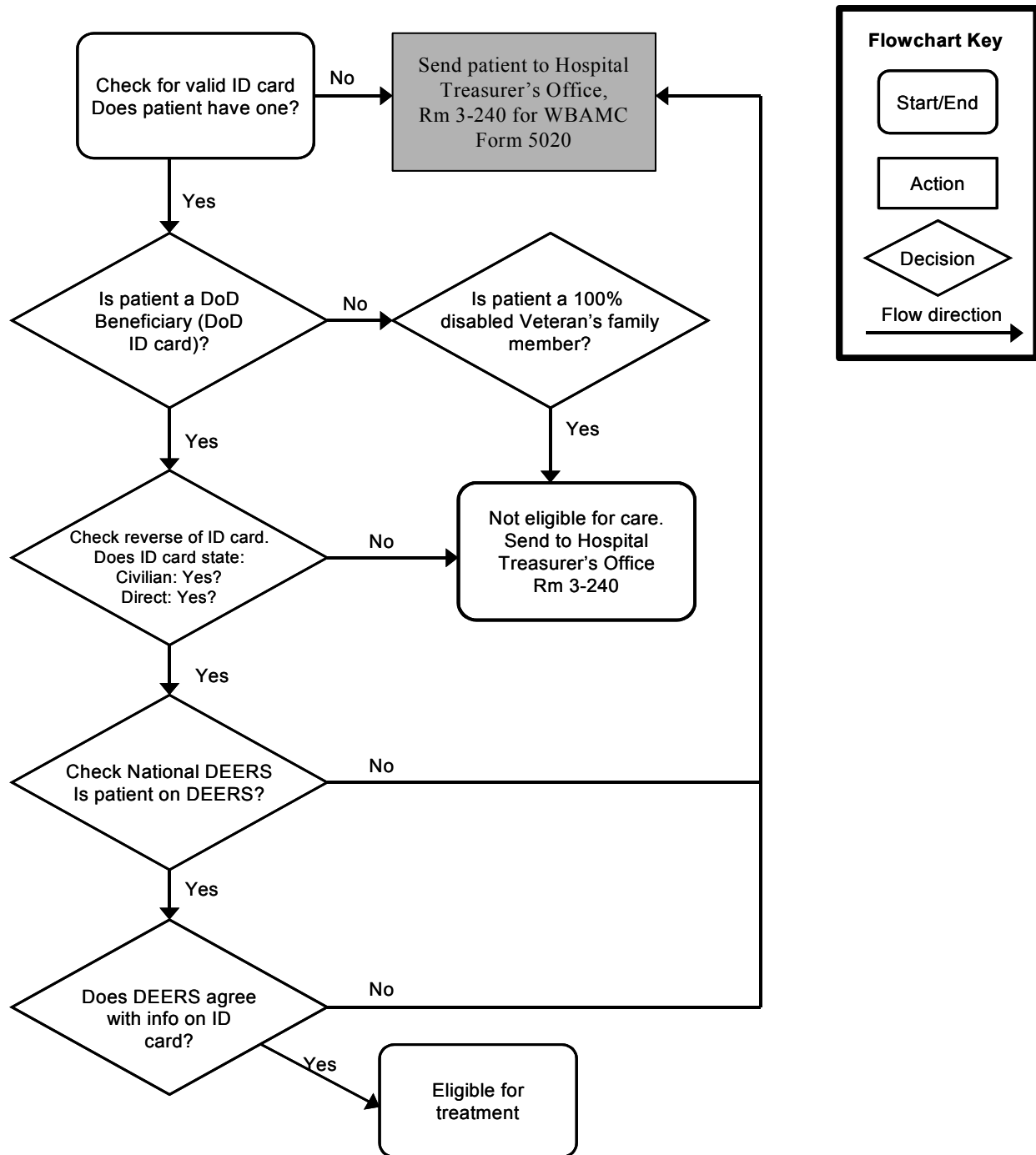
Verification of Registration/Eligibility/OHI



2.2 ID and DEERS Checking process

- This process is very important we need to make sure DOD beneficiaries have valid ID Card's and eligibility is established and under what category.

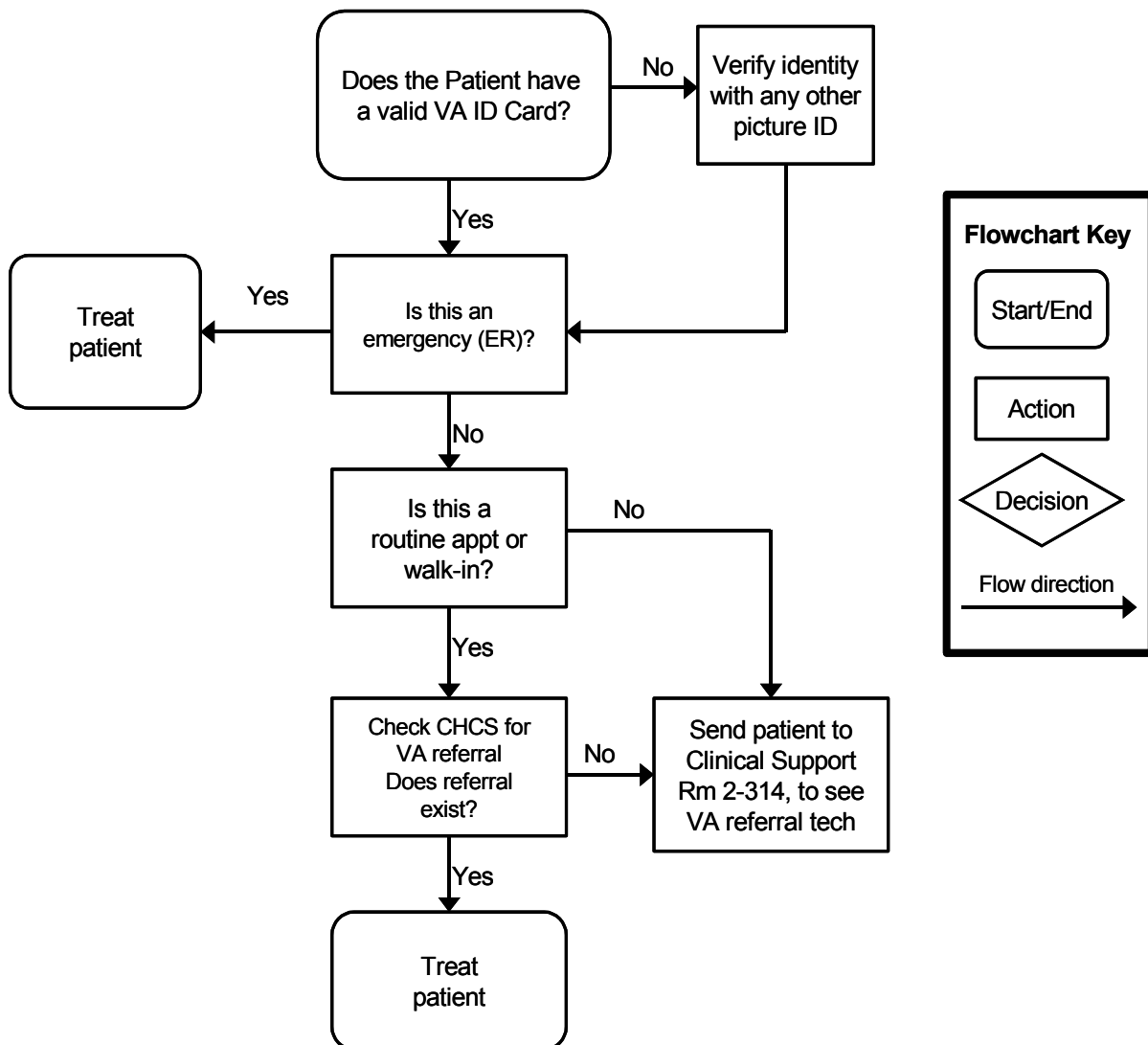
ID and DEERS Checking Process



2.3 Veterans Check-In Process

- Verify all steps of the flow chart before the patient is checked-in for medical care; must meet all eligibility requirements in order to allow this MTF to receive reimbursement. Must make sure a VA referral is on file.

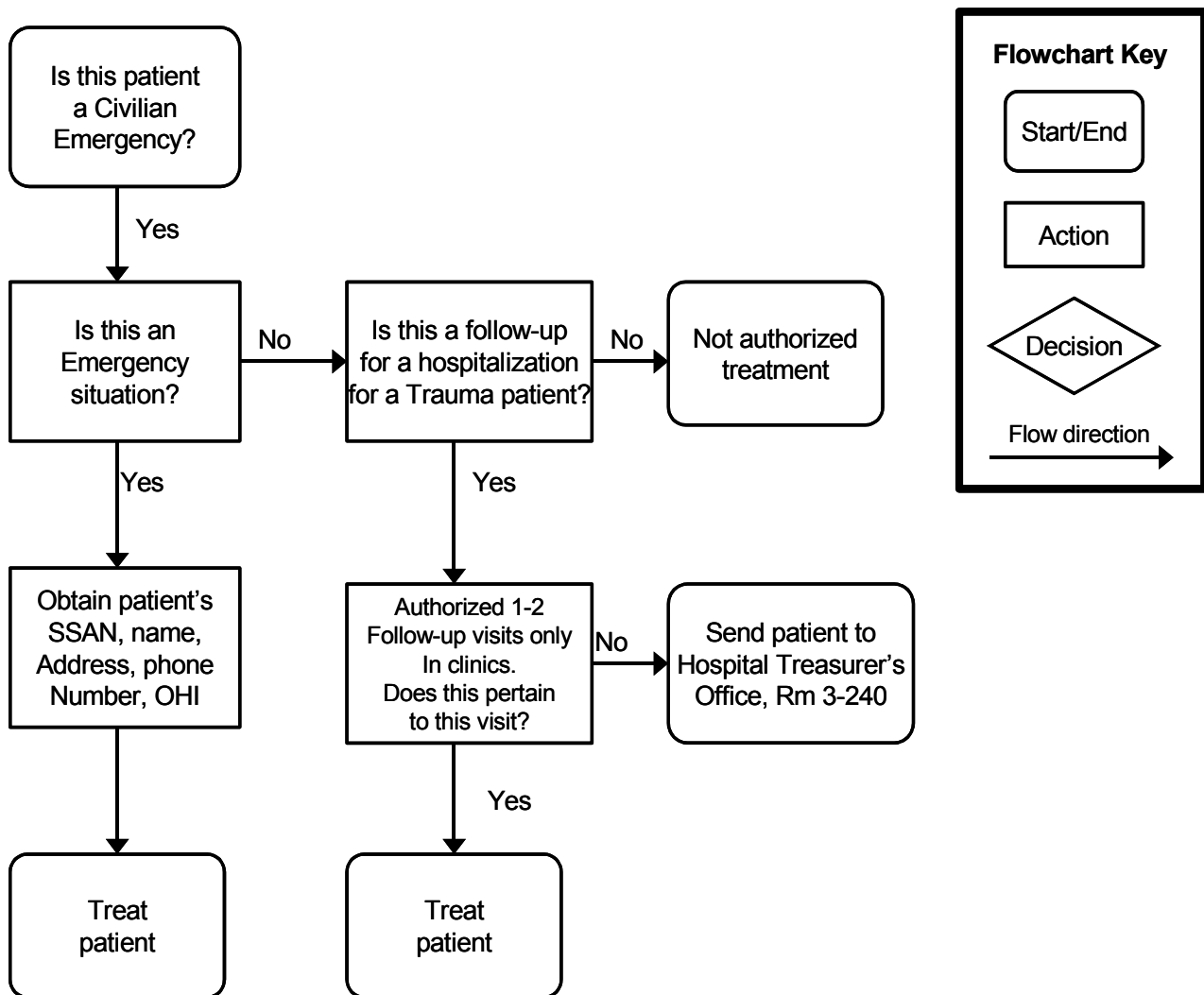
VAB's Process



2.4 Civilian Emergency Process

- Check to see if this is a return visit; obtain all geographical data, name, address, social security number, phone number and other health insurance information, follow the flow chart instructions, check to make sure follow-up treatment does not exceed the 1-2 authorized return visits

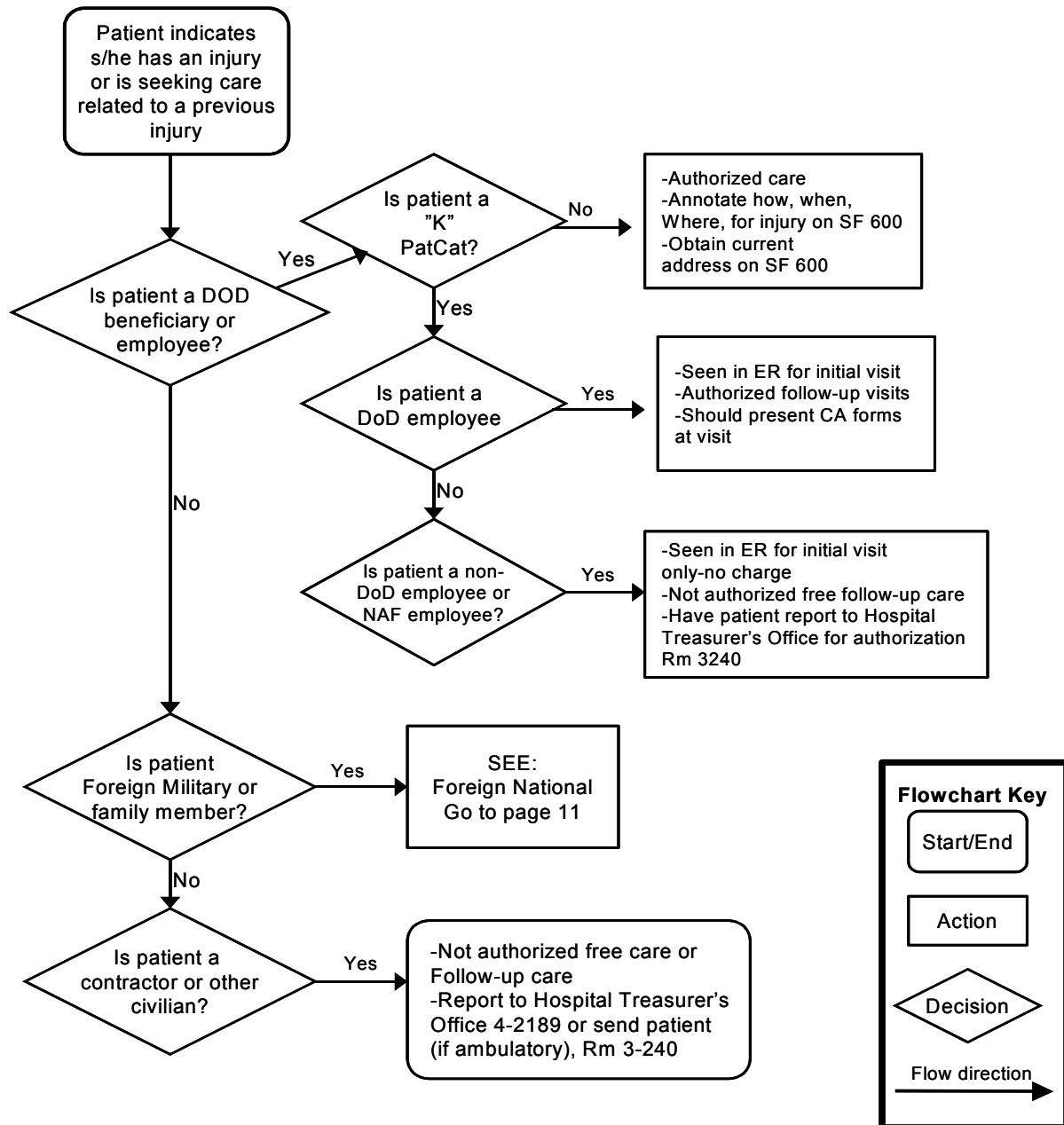
Civilian Emergency Process



2.5 Workers Compensation or On-The-Job Injury (OJI) Process

- DOD employees injured on the job must present the correct CA forms filled out by the employee's supervisor, follow the flow-chart guidelines to make sure the DOD employee meets the eligibility criteria.

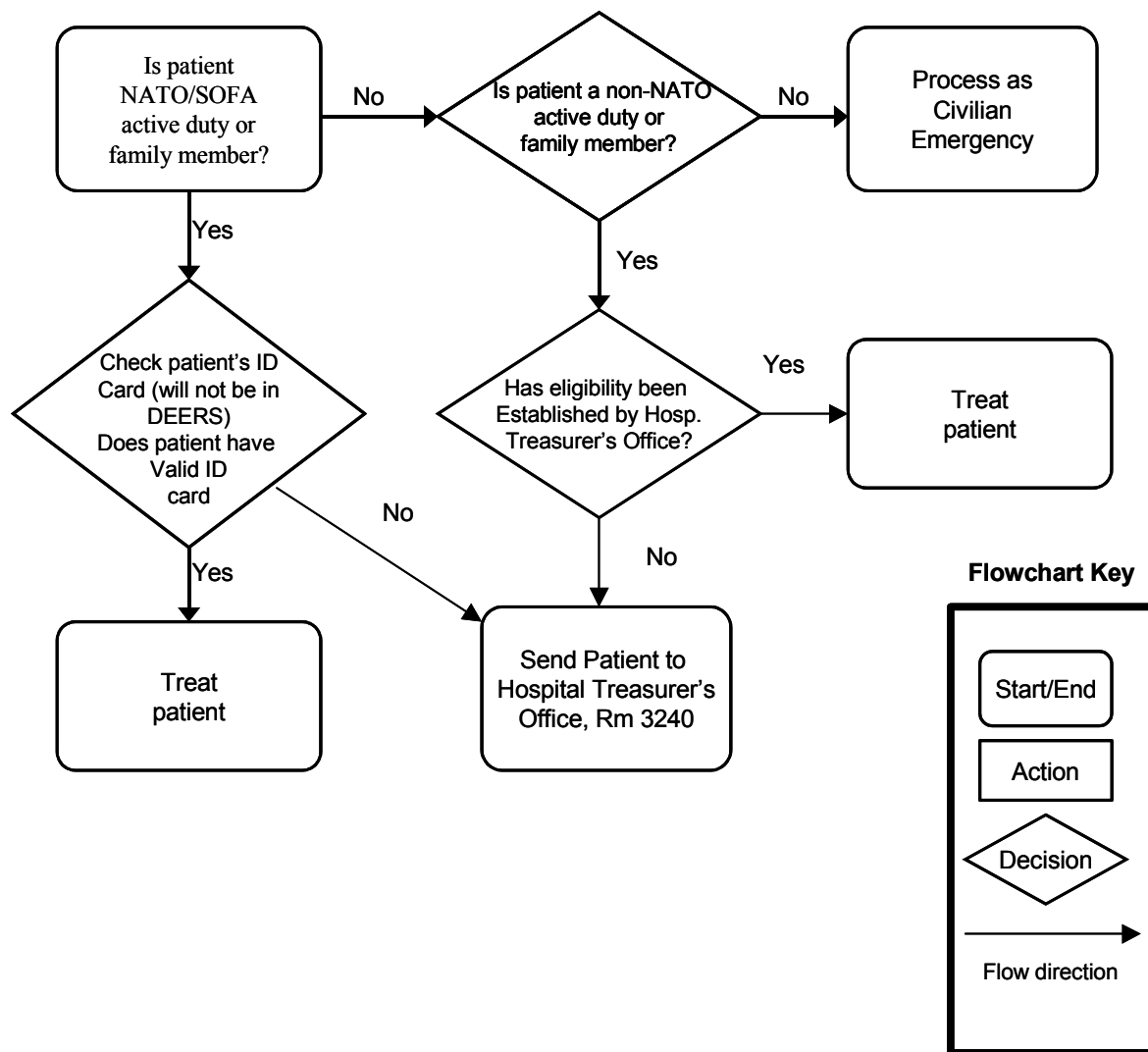
Worker's Comp or On-the-Job Injury (OJI) Process



2.6 Foreign National Process

- This area has many categories of Foreign Nationals taking part in Military Training within our area of responsibility, we treat both NATO Active Duty Members, and Family Members and NON-NATO Active Duty Members, and Family Members; all Foreign Nationals must have a valid ID card if over 10 years old.

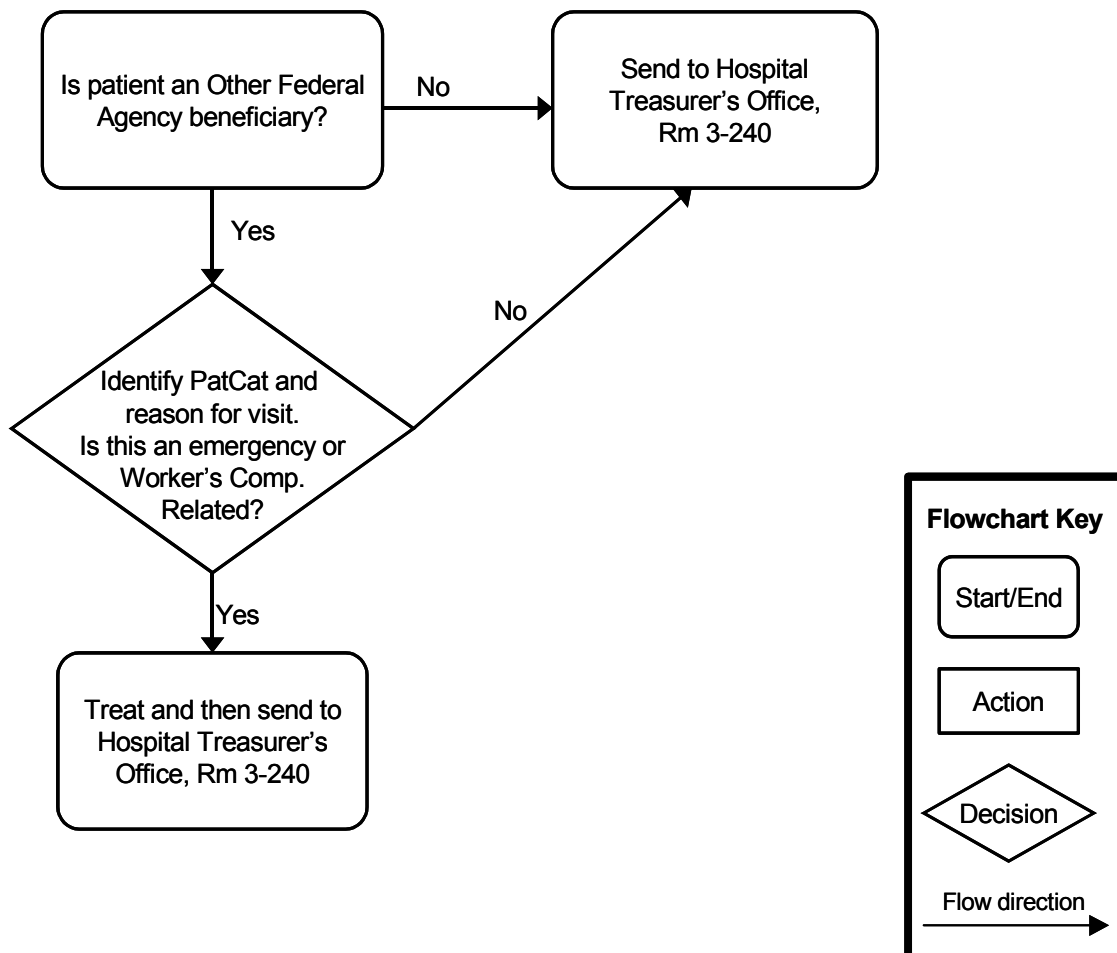
Foreign National Process



2.7 Other Patient Category (PATCAT) Process, (Misc “K” PatCat)

- This category of patients covers all other Federal Agency Beneficiaries, we must make sure the care provided is for emergency care only, this type of category is on a space available only, no routine appointments are authorized, they must report to the Hospital Treasurer’s Office to make sure we have the correct billing agency information.

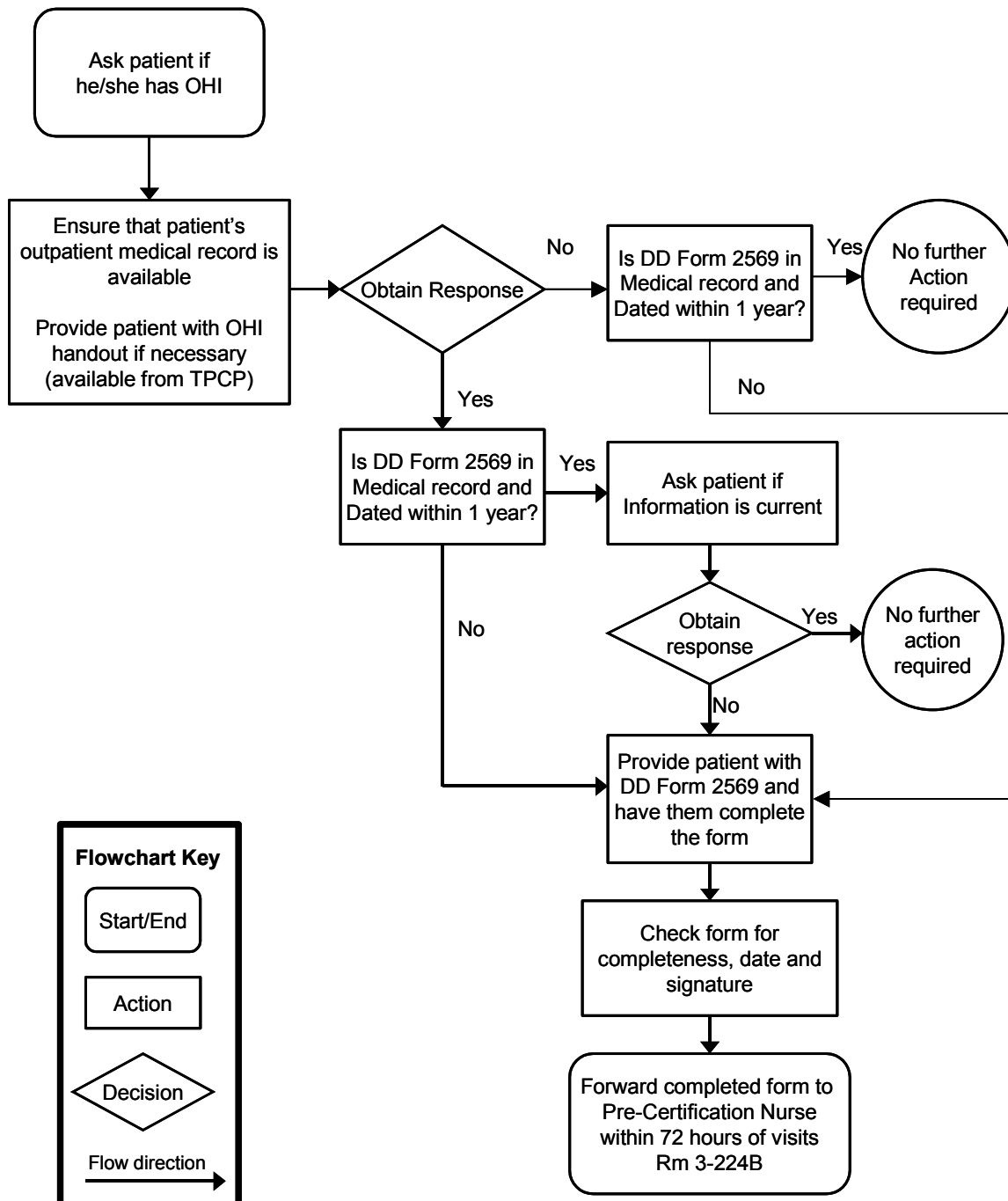
Other Patient Category (PatCat) Process (Misc “K” PatCat)



2.8 Other Health Insurance Information (OHI)

- The patient must be asked if they have any Health Insurance, check to see if the DD Form 2569 has been updated within 1 year, if the information is over 1 year then a new DD Form 2569 must be completed. All completed DD Forms must be forwarded to the Pre-Certification Nurse within 72 hours of the visit; the Pre-Certification Nurse is located in room 3-224B.

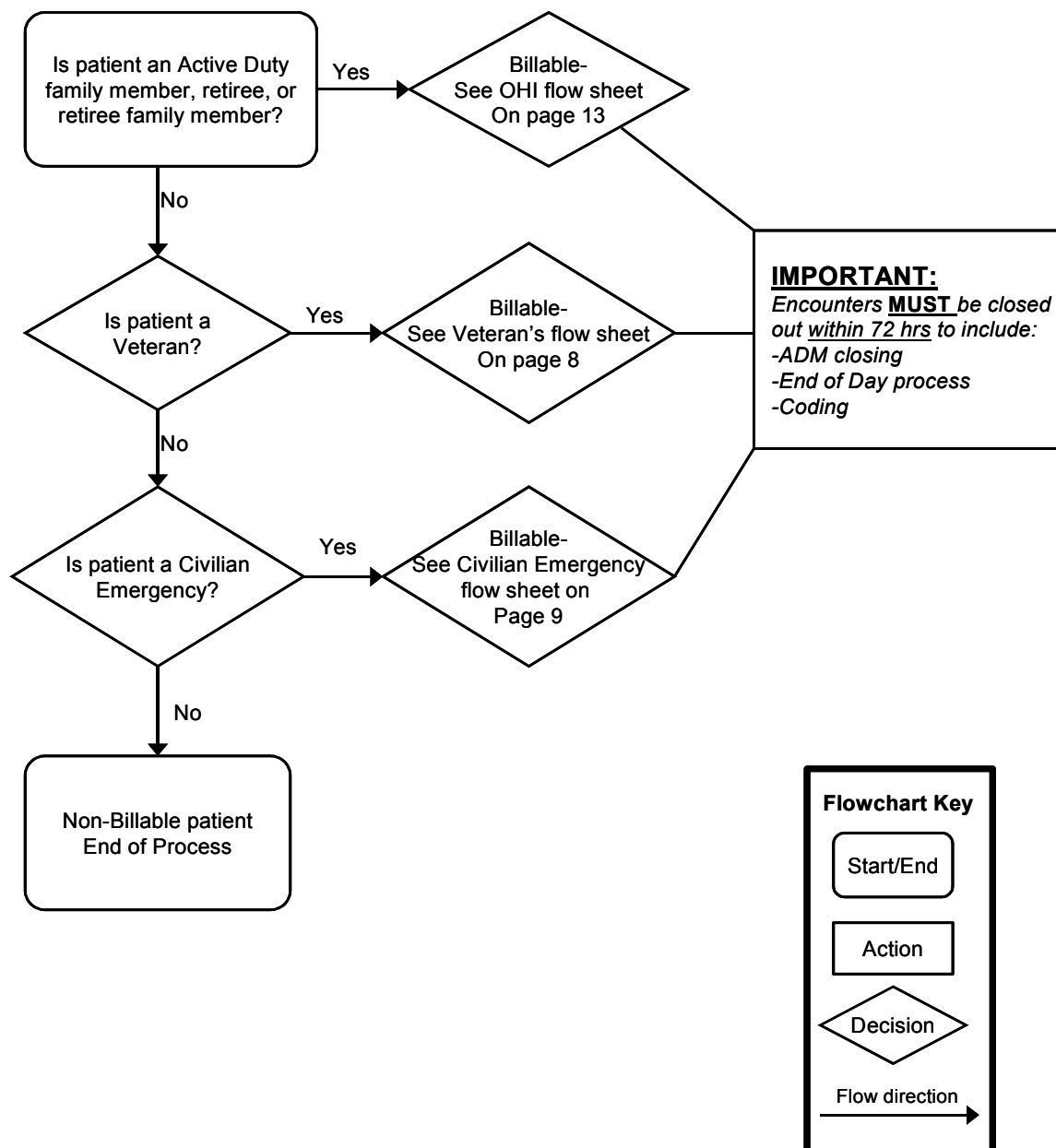
OHI Process



2.9 Billable Encounter Flow Sheet

- This process is the final stage of the Patient Check-In Process, it gives the Front Desk personnel a quick overview of what is needed to properly check-in a patient, it helps to identify the Other Health Insurance, status of the patient, and what is Billable and Non-Billable.

Billable Encounter Flow Sheet



3. Managed Care Program (MCP) – Appointment Booking

3.1 Primary Care Manager (PCM) Booking

- The Primary Care Manager (PCM) Booking action is primarily used to book a patient appointment to the patient's assigned PCM at the patient's assigned place of care.

HMCP	Health Care Finder Menu
CDSK	Clerk Front Desk Functions Menu
DMCP	Display Patient Appointments
CMCP	Cancellation by Patient
OMCP	Outputs & Management Reports Menu
RMCP	Registration Menu
IMCP	Interactive NAS Processing Menu
PMCP	PCM Assignment and Reassignment Menu
FMCP	File/Table for MCP Menu
AMCP	Ad Hoc Report Menu

Select Managed Care Program Menu Option: **HMCP**

Type **HMCP** and Press RETURN

AHCF	Appointment Order Processing
BHCF	Health Care Finder Booking
SHCF	Self-Referral Booking
EHCF	Enter Appointment Refusals
CHCF	Cancellation by Patient
OHCF	Output Products
RHCF	Health Care Finder Reports Menu
LHCF	Print Patient Address Label

Select Managed Care Program Menu Option: **BHCF**

Type **BHCF** and Press RETURN

HEALTH CARE FINDER BOOKING

Select **PATIENT NAME:**

Enter the patient's name and Press RETURN

HEALTH CARE FINDER BOOKING	
Patient: Potter, Harry	DDS/FMP/SSN: 20/20/123-45-6789
Pat SSN: 123-45-6789	Sex/DOB/Age: M/19 Jun 1965/38Y
PatCat: USA ACTIVE DUTY ENLISTED	HCDP: TRICARE PRIME
Elig St/End: 02Jul1983-31Jul2003	HDCP Start DT: 02 Sep 1998
Last Elig Ck: 24Jun2003@082225	Primary OHI: NOT ASSIGNED
Dir Care: Y CHA: N MED: N ACV: A	Reg Code: 14 DMIS: 8910
=====	
Sponsor: Potter, Harry	Spon Rank: MASTER SERGEANT
Spon PatCat: USA ACTIVE DUTY ENLISTED	Duty Phone: 568-9999
Sponsor UIC: 0020 LG HHC AUG	DSN: 978
Address: HHC 25TH TSC	
City: EL PASO	Home Phone: 755-0000
St: TX	Work Phone: 568-9999
Reg Comment:	
O/P Rec Room: SOLDIER & FAMILY MEDICAL CLINIC	Reg Updated: 22 Mar 2002@152834
=====	
Select (P)CM Booking, (R)eferral Booking, (S)elf-Referral Booking, (V)iew/Query DEERS, (F)uture/Past Appts, (L)og Non-MTF Appt, (D)emographics, (O)utput Products, or (Q)uit: P// P	

Verify the patient's name. Verify the sponsor's name. (P)CM Booking is set as the default – Press RETURN

PCM MTF BOOKING SEARCH CRITERIA	
Patient: Potter, Harry	FMP/SSN: 20/20/123-45-6789
Place of Care: PRIME ADULT MEDICAL CLINIC	PLOC Phone:
Detail Codes:	ATC Category:
Provider: CEPHALIC, OSTEO	Appt Type:
Location: 79920	Spec Type:
Clinic Spec:	Provider Spec:
Date Range: 26 Jun 2003 to 07 Aug 2003	Days of Week: M TU W TH F SA SU
Time Range: 0001 to 2400	Duration:
=====	
Patient Access to Care Category	Patient Duty Phone: 5689999
=====	
ATC Category is required	
Select Access to Care Category: WELL	

Enter the Access to Care Category and Press RETURN

PCM MTF BOOKING SEARCH CRITERIA	
Patient: Potter, Harry	FMP/SSN: 20/20/123-45-6789
Place of Care: PRIME ADULT MEDICAL CLINIC	PLOC Phone:
Detail Codes:	ATC Category:
Provider: CEPHALIC, OSTEO	Appt Type:
Location: 79920	Spec Type:
Clinic Spec:	Provider Spec:
Date Range: 26 Jun 2003 to 07 Aug 2003	Days of Week: M TU W TH F SA SU
Time Range: 0001 to 2400	Duration:
=====	
*~TUE 0800 01Jul03	PROCS 1/0 60
~TUE 0830 01Jul03	ESTS 1/0 60
~TUE 0900 01Jul03	PROCS 1/0 60
~MON 0900 07Jul03	PROCS 1/0 60
~MON 1000 07Jul03	PROCS 1/0 60
~TUE 0800 10Jul03	ESTS 2/1 60
+ ~TUE 0800 10Jul03	PROCS 1/0 60
=====	
Use SELECT key to select appointment(s) to be booked	
Press F9 to view additional appointment data	

Use the Select Key to select the appointment to be booked and Press RETURN

FILE APPOINTMENT	
Patient: Potter, Harry Place of Care: PRIME ADULT MEDICAL CLINIC Detail Codes: Provider: CEPHALIC, OSTEO Location: 79920 Clinic Spec: Date Range: 26 Jun 2003 to 07 Aug 2003 Time Range: 0001 to 2400	FMP/SSN: 20/20/123-45-6789 PLOC Phone: ATC Category: Appt Type: Spec Type: Provider Spec: Days of Week: M TU W TH F SA SU Duration:
<div style="border-top: 1px dashed black; border-bottom: 1px dashed black; padding: 5px 0;"> ~TUE 0800 01Jul03 PROCS 1/0 60 </div>	
<div style="border-top: 1px dashed black; border-bottom: 1px dashed black; padding: 5px 0;"> Select Slot #1 of 1 </div>	
Select (B)ook appt, or (Q)uit FILE APPOINTMENT: B//	

(B)ook appt is the default – Press RETURN to file the appointment

PATIENT APPOINTMENT: POTTER, HARRY	FILE APPOINTMENT
TUE 0800 01Jul03 PROCS 1/0 60	
<div style="text-align: center;">O/S Rec Loc:</div>	
<div style="text-align: center;"> Clinic Message: 15 MIN EARLY Clinic/Appt Type Instructions: 15 MIN EARLY Provider Message Provider/Appt Type Instructions: Arrival Message: 15 minutes Registration Comment: </div>	
<div style="border-top: 1px dashed black; border-bottom: 1px dashed black; padding: 5px 0;"> <div style="text-align: center;"> MEPRS Code: BAAA Workload Type: COUNT Requesting Service: Referred By: Send Reminder Notice NO Appointment Comment: Reason for Appointment: </div> </div>	
<div style="display: flex; justify-content: space-between; align-items: center;"> Ask for Help = HELP Screen Exit = F10 File/Exit = DO <div style="background-color: black; color: white; padding: 2px 10px; font-weight: bold;">INSERT OFF</div> </div>	

Press RETURN through the fields until the cursor gets to the Appointment Comment field

PATIENT APPOINTMENT: POTTER, HARRY					FILE APPOINTMENT	
TUE	0800	01Jul03	PROCS	1/0	60	
O/S Rec Loc:						
			Clinic Message:	15 MIN EARLY		
			Clinic/Appt Type Instructions:	15 MIN EARLY		
			Provider Message			
			Provider/Appt Type Instructions:			
			Arrival Message:	15 minutes		
			Registration Comment:			
<hr/>						
			MEPRS Code:	BEAA		
			Workload Type:	COUNT		
			Requesting Service:			
			Referred By:			
			Send Reminder Notice	NO		
			Appointment Comment:	XXX		
			Reason for Appointment:			
TYPE IN REASON FOR APPT						
Ask for Help = HELP		Screen Exit = F10		File/Exit = DO		INSERT OFF

Enter your initials in the Appointment Comment field and Press RETURN once. Enter the Reason for Appointment then Press RETURN to file the appointment.

3.2 Appointment Order Processing (Consult) Booking

- The Appointment Order Processing, otherwise known as Consult Booking is primarily used to book a patient appointment to answer a physician's consultation order.

HMCP	Health Care Finder Menu
CDSK	Clerk Front Desk Functions Menu
DMCP	Display Patient Appointments
CMCP	Cancellation by Patient
OMCP	Outputs & Management Reports Menu
RMCP	Registration Menu
IMCP	Interactive NAS Processing Menu
PMCP	PCM Assignment and Reassignment Menu
FMCP	File/Table for MCP Menu
AMCP	Ad Hoc Report Menu

Select Managed Care Program Menu Option: HMCP

Type the letters **HMCP** for Health Care Finder Menu and Press RETURN

AHCF	Appointment Order Processing
BHCF	Health Care Finder Booking
SHCF	Self-Referral Booking
EHCF	Enter Appointment Refusals
CHCF	Cancellation by Patient
OHCF	Output Products
RHCF	Health Care Finder Reports Menu
LHCF	Print Patient Address Label

Select Managed Care Program Menu Option: BHCF

Type the letters **BHCF** for Health Care Finder Booking and Press RETURN

HEALTH CARE FINDER BOOKING

Select PATIENT NAME:

Enter the patient's name and Press RETURN

HEALTH CARE FINDER BOOKING	
Patient: Potter, Harry	DDS/FMP/SSN: 20/20/123-45-6789
Pat SSN: 123-45-6789	Sex/DOB/Age: M/19 Jun 1965/38Y
PatCat: USA ACTIVE DUTY ENLISTED	HCDP: TRICARE PRIME
Elig St/End: 02Jul1983-31Jul2003	HDCP Start DT: 02 Sep 1998
Last Elig Ck: 24Jun2003@082225	Primary OHI: NOT ASSIGNED
Dir Care: Y CHA: N MED: N ACV: A	Reg Code: 14 DMIS: 8910
=====	
Sponsor: Potter, Harry	Spon Rank: MASTER SERGEANT
Spon PatCat: USA ACTIVE DUTY ENLISTED	Duty Phone: 568-9999
Sponsor UIC: 0020 LG HHC AUG	DSN: 978
Address: HHC 25TH TSC	
City: EL PASO	Home Phone: 755-0000
St: TX	Work Phone: 568-9999
Reg Comment:	
O/P Rec Room: SOLDIER & FAMILY MEDICAL CLINIC	Reg Updated: 22 Mar 2002@152834
=====	
Select (A)OP, (P)CM Booking, (R)eferral Booking, (S)elf-Referral Booking, (V)iew/Query DEERS, (F)uture/Past Appts, (L)og Non-MTF Appt, (D)emographics, (O)utput Products, or (Q)uit: P// A	

Verify the patient's name. Verify the sponsor's name. Type the letter A for (A)OP and Press RETURN

APPOINTMENT ORDER PROCESSING

Select (R)eview Appt Requests, (B)ook Appt Requests,
(C)ombined Review and Book Appt Requests, or (Q)uit: B

Type the letter **B** for (B)ook Appt Requests - and Press RETURN

APPOINTMENT ORDER PROCESSING

Select (R)eview Appt Requests, (B)ook Appt Requests,
(C)ombined Review and Book Appt Requests, or (Q)uit: B

Select (D)ate Range, (A)ll dates, or (Q)uit: A

Type the letter **A** for (A)ll dates and Press RETURN

BOOK APPOINTMENT REQUESTS					
Patient: Potter, Harry					
Provider:					
Clinic:					
Clinic Specialty:					
Consult Procedure:					
Date Range: ALL DATES					
Patient	ACV	Procedure/Type	Prior	Dt Ent	Appt Rqst Sts
* POTTER, HARRY	E	ORHOPEDICS	ROUTI	04Dec	APPOINT TO MTF
POTTER, HARRY	E	HAND CLINIC	ROUTI	13Dec	DEFER TO NETWOR
Use the SELECT Key to select Appointment Requests to Book					
Press F9 key to View Appointment Request					

Use the Select Key to choose the request and then Press RETURN

BOOK APPOINTMENT REQUESTS					
Patient: Potter, Harry					
Provider:					
Clinic:					
Clinic Specialty:					
Consult Procedure:					
Date Range: ALL DATES					
Patient	ACV	Procedure/Type	Prior	Dt Ent	Appt Rqst Sts
POTTER, HARRY	E	ORHOPEDICS	ROUTI	04Dec	APPOINT TO MTF
Consult Procedure: ORTHOPEDICS					
Reason for Consult:					
38 YO WITH SHIN SPLINTS - PLEASE ASSESS AND TREAT					
Priority: ROUTINE		Request for Advice Only: NO			
Requesting HCP: CEPHALIC, OSTEC		Date Ordered: 04Dec2002@1209			
Provisional Diagnosis: SHIN SPLINTS					
Clinic Specialty:		Provider Specialty:			
Clinic: ORTHOPEDICS		Provider:			
Select (A)ppt Refusal, (B)ook Appt Request, (V)iew Appt Request,					
View Query (D)EERS, De(M)orgraphics, or (Q)uit: B					

(B)ook Appt Request is set as the default – Press RETURN

AOP SINGLE PATIENT BOOKING									
Patient: Potter, Harry					FMP/SSN: 20/20/123-45-6789				
Place of Care: ORTHOPEDICS/WBAMC					PLOC Phone:				
Detail Codes:					ATC Category:				
Provider:					Appt Type: INITIAL SPECIAL				
Location:					Spec Type:				
Clinic Spec:					Provider Spec:				
Date Range: 26 Jun 2003 to 07 Aug 2003					Days of Week: M TU W TH F SA SU				
Time Range: 0001 to 2400					Duration:				
=====									
*~TUE	0800	01Jul03	SPEC	1/0	45	BAKER, J			
~TUE	0830	01Jul03	SPEC	1/0	45	BRAVO, M			
~TUE	0900	01Jul03	SPEC	1/0	45	JAQUEZ, S			
~MON	0900	07Jul03	SPEC	1/0	45	BAKER, J			
~MON	1000	07Jul03	SPEC	1/0	45	JAQUEZ, S			
~TUE	0800	10Jul03	SPEC	1/0	45	BRAVO, M			
+ ~TUE	0800	10Jul03	SPEC	1/0	45	JAQUEZ, S			
=====									
Use SELECT key to select appointment to be booked									
Press F9 to view additional appointment data									

Use the Select Key to choose the appointment and Press RETURN

FILE APPOINTMENT									
Patient: Potter, Harry					FMP/SSN: 20/20/123-45-6789				
Place of Care: ORTHOPEDICS/WBAMC					PLOC Phone:				
Detail Codes:					ATC Category:				
Provider:					Appt Type: INITIAL SPECIAL				
Location:					Spec Type:				
Clinic Spec:					Provider Spec:				
Date Range: 26 Jun 2003 to 07 Aug 2003					Days of Week: M TU W TH F SA SU				
Time Range: 0001 to 2400					Duration:				
=====									
~MON	0900	07Jul03	SPEC	1/0	45	BAKER, J			
===== Select Slot #1 of 1 =====									
Select (B)ook appt, or (Q)uit FILE APPOINTMENT: B// B									

(B)ook Appt is set as the default – Press RETURN to book the appointment

FILE APPOINTMENT									
Patient: Potter, Harry					FMP/SSN: 20/20/123-45-6789				
Place of Care: ORTHOPEDICS/WBAMC					PLOC Phone:				
Detail Codes:					ATC Category:				
Provider:					Appt Type: INITIAL SPECIAL				
Location:					Spec Type:				
Clinic Spec:					Provider Spec:				
Date Range: 26 Jun 2003 to 07 Aug 2003					Days of Week: M TU W TH F SA SU				
Time Range: 0001 to 2400					Duration:				
=====									
~MON	0900	07Jul03	SPEC	1/0	45	BAKER, J			
=====									
Select Slot #1 of 1 =====									
Select Access to Care Category: WELL									

Enter the Access to Care Category and Press RETURN

PATIENT APPOINTMENT: POTTER, HARRY					FILE APPOINTMENT				
~MON	0900	07Jul03	SPEC	1/0	45	BAKER, J			
O/S Rec Loc:									
Clinic Message:									
Clinic/Appt Type Instructions:									
Provider Message									
Provider/Appt Type Instructions:									
Arrival Message: 15 minutes									
Registration Comment:									
=====									
MEPRS Code: BEAA									
Workload Type: COUNT									
Requesting Service:									
Referred By: CEPHALIC, OSTEO									
Send Reminder Notice NO									
Appointment Comment:									
Reason for Appointment:									
=====									
Ask for Help = HELP		Screen Exit = F10		File/Exit = DO		<div style="background-color: black; color: white; padding: 2px 10px;">INSERT OFF</div>			

Press RETURN through the fields until the cursor gets to the Appointment Comment field

PATIENT APPOINTMENT: POTTER, HARRY					FILE APPOINTMENT
~MON	0900	07Jul03	SPEC	1/0	45
					BAKER, J
O/S Rec Loc:					
Clinic Message:					
Clinic/Appt Type Instructions:					
Provider Message					
Provider/Appt Type Instructions:					
Arrival Message: 15 minutes					
Registration Comment:					
=====					
MEPRS Code: BEAA					
Workload Type: COUNT					
Requesting Service:					
Referred By:					
Send Reminder Notice NO					
Appointment Comment: XXX					
Reason for Appointment:					
SHIN SPLINTS					
Ask for Help = HELP		Screen Exit = F10		File/Exit = DO	
INSERT OFF					

Enter your initials in the Appointment Comment field and Press RETURN once. Enter the Reason for Appointment and then Press RETURN to file the appointment

3.3 Referral Booking

- The Referral Booking action on the Health Care Finder (HCF) Booking screen action bars allows you to enter an appointment referral for an enrolled or non-enrolled patient and to book one or more appointments for specialty care for the selected patient with network or non-network providers.

HMCP	Health Care Finder Menu
CDSK	Clerk Front Desk Functions Menu
DMCP	Display Patient Appointments
CMCP	Cancellation by Patient
OMCP	Outputs & Management Reports Menu
RMCP	Registration Menu
IMCP	Interactive NAS Processing Menu
PMCP	PCM Assignment and Reassignment Menu
FMCP	File/Table for MCP Menu
AMCP	Ad Hoc Report Menu

Select Managed Care Program Menu Option: HMCP

Type in the letters **HMCP** for Health Care Finder Menu and Press RETURN

AHCF	Appointment Order Processing
BHCF	Health Care Finder Booking
SHCF	Self-Referral Booking
EHCF	Enter Appointment Refusals
CHCF	Cancellation by Patient
OHCF	Output Products
RHCF	Health Care Finder Reports Menu
LHCF	Print Patient Address Label

Select Managed Care Program Menu Option: BHCF

Type in the letters **BHCF** for Health Care Finder Booking and Press RETURN

HEALTH CARE FINDER BOOKING

Select PATIENT NAME:

Enter the patient's name and Press RETURN

HEALTH CARE FINDER BOOKING	
Patient: Potter, Harry	DDS/FMP/SSN: 20/20/123-45-6789
Pat SSN: 123-45-6789	Sex/DOB/Age: M/19 Jun 1965/38Y
PatCat: USA ACTIVE DUTY ENLISTED	HCDP: TRICARE PRIME
Elig St/End: 02Jul1983-31Jul2003	HDCP Start DT: 02 Sep 1998
Last Elig Ck: 24Jun2003@082225	Primary OHI: NOT ASSIGNED
Dir Care: Y CHA: N MED: N ACV: A	Reg Code: 14 DMIS: 8910
=====	
Sponsor: Potter, Harry	Spon Rank: MASTER SERGEANT
Spon PatCat: USA ACTIVE DUTY ENLISTED	Duty Phone: 568-9999
Sponsor UIC: 0020 LG HHC AUG	DSN: 978
Address: HHC 25TH TSC	
City: EL PASO	Home Phone: 755-0000
St: TX	Work Phone: 568-9999
Reg Comment:	
O/P Rec Room: SOLDIER & FAMILY MEDICAL CLINIC	Reg Updated: 22 Mar 2002@152834
=====	
Select (P)CM Booking, (R)eferral Booking, (S)elf-Referral Booking, (V)iew/Query DEERS, (F)uture/Past Appts, (L)og Non-MTF Appt, (D)emographics, (O)utput Products, or (Q)uit: P// R	

Verify the patient's name. Verify the sponsor's name. Type in the letter **R** for **(R)**eferral Booking and Press RETURN

REFERRAL SUMMARY						
Patient: Potter, Harry			FMP/SSN: 20/20/123-45-6789			
Home Phone: 9157510000			Work Phone: 9155689999			
PCM: CEPHALIC, OSTEO			PCM Phone: 915-569-0000			
Referral#	Ref Dt	Spec Typ PLOC	Clin Spec	Provider	Au/BK	
20030114XXX	06Jun03	GENSWB			99/01	
2003001XXXX	23Jan03	PULMWB			01/01	
2002023XXXX	21Nov02	GENSWB			05/02	
2002018XXXX	11Sep02	AUDHR	AUDIOLOGY		05/01	
2002017XXXX	04Sep02	CTMCPT			15/09	
2002014XXXX	23Jul02	AUDHR			01/00	
2001010XXXX	09May01	ORAOWB			05/01	
2001008XXXX	02May01	ORAOWB			04/01	
2000011XXXX	05Jul00	FAMPC			05/01	
Select (A)dd, (M)odify, (B)ook, (D)elete, (O)utput Products, Print (R)eferral, Print (L)ist, or (Q)uit: B						

Type in the letter **B** for (B)ook and Press RETURN

REFERRAL SUMMARY						
Patient: Potter, Harry			FMP/SSN: 20/20/123-45-6789			
Home Phone: 9157510000			Work Phone: 9155689999			
PCM: CEPHALIC, OSTEO			PCM Phone: 915-569-0000			
Referral#	Ref Dt	Spec Typ PLOC	Clin Spec	Provider	Au/BK	
* 20030114XXX	06Jun03	GENSWB			99/01	
2003001XXXX	23Jan03	PULMWB			01/01	
2002023XXXX	21Nov02	GENSWB			05/02	
2002018XXXX	11Sep02	AUDHR	AUDIOLOGY		05/01	
2002017XXXX	04Sep02	CTMCPT			15/09	
2002014XXXX	23Jul02	AUDHR			01/00	
2001010XXXX	09May01	ORAOWB			05/01	
2001008XXXX	02May01	ORAOWB			04/01	
2000011XXXX	05Jul00	FAMPC			05/01	
Use the SELECT Key to select a referral to book						

Use the Select Key to choose the referral to book the appointment for and Press RETURN

SINGLE PATIENT BOOKING			
Patient: Potter, Harry		FMP/SSN: 20/20/123-45-6789	
Place of Care: GENERAL SURGERY		PLOC Phone:	
Detail Codes:		ATC Category:	
Provider:		Appt Type:	
Location:		Spec Type:	
Clinic Spec:		Provider Spec:	
Date Range: 26 Jun 2003 to 07 Aug 2003		Days of Week: M TU W TH F SA SU	
Time Range: 0001 to 2400		Duration:	

*TUE	0800	01Jul03	PROCS	4/2	30	BPAP	BAKER, J
TUE	0830	01Jul03	EST\$	1/0	60	MINOR	BRAVO, M
TUE	0900	01Jul03	PROCS	1/0	60	MINOR	JAQUEZ, S
MON	0900	07Jul03	PROCS	1/0	60	MINOR	BAKER, J
MON	1000	07Jul03	PROCS	2/0	30	BPAP	JAQUEZ, S
TUE	0800	10Jul03	EST\$	1/0	60	MINOR	BRAVO, M
+ TUE	0800	10Jul03	PROCS	2/0	20	BNPR	JAQUEZ, S

Use SELECT key to select appointment to be booked
Press F9 to view additional appointment data

Use the Select Key to choose the appointment to book and Press RETURN

FILE APPOINTMENT			
Patient: Potter, Harry		FMP/SSN: 20/20/123-45-6789	
Place of Care: GENERAL SURGERY		PLOC Phone:	
Detail Codes:		ATC Category:	
Provider:		Appt Type:	
Location:		Spec Type:	
Clinic Spec:		Provider Spec:	
Date Range: 26 Jun 2003 to 07 Aug 2003		Days of Week: M TU W TH F SA SU	
Time Range: 0001 to 2400		Duration:	

*TUE	0800	01Jul03	PROCS	4/2	30	BPAP	BAKER, J
------	------	---------	-------	-----	----	------	----------

===== Select Slot #1 of 1 =====

Select (B)ook appt, or (Q)uit FILE APPOINTMENT: B// B

(B)ook Appt is set as the default – Press RETURN to book the appointment

FILE APPOINTMENT	
Patient: Potter, Harry	FMP/SSN: 20/20/123-45-6789
Place of Care: GENERAL SURGERY	PLOC Phone:
Detail Codes:	ATC Category:
Provider:	Appt Type:
Location:	Spec Type:
Clinic Spec:	Provider Spec:
Date Range: 26 Jun 2003 to 07 Aug 2003	Days of Week: M TU W TH F SA SU
Time Range: 0001 to 2400	Duration:

TUE	0800	01Jul03	PROCS	4/2	30	BPAP	BAKER, J
------------	-------------	----------------	--------------	------------	-----------	-------------	-----------------

===== Select Slot #1 of 1 =====

Select Access to Care Category: WELL

Enter the Access to Care Category and Press RETURN

PATIENT APPOINTMENT: POTTER, HARRY	FILE APPOINTMENT
---	-------------------------

TUE	0800	01Jul03	PROCS	4/2	30	BPAP	BAKER, J
------------	-------------	----------------	--------------	------------	-----------	-------------	-----------------

O/S Rec Loc:

Clinic Message: 15 MIN EARLY

Clinic/Appt Type Instructions: 15 MIN EARLY

Provider Message

Provider/Appt Type Instructions:

Arrival Message: 15 minutes

Registration Comment:

MEPRS Code: BBAA

Workload Type: COUNT

Requesting Service:

Referred By:

Send Reminder Notice NO

Appointment Comment:

Reason for Appointment:

Ask for Help = HELP Screen Exit = F10 File/Exit = DO INSERT OFF

Press RETURN through the fields until the cursor gets to the Appointment Comment field

PATIENT APPOINTMENT: POTTER, HARRY						FILE APPOINTMENT
TUE	0800	01Jul03	PROCS	4/2	30	BPAP
						BAKER, J
O/S Rec Loc:						
Clinic Message: 15 MIN EARLY						
Clinic/Appt Type Instructions: 15 MIN EARLY						
Provider Message						
Provider/Appt Type Instructions:						
Arrival Message: 15 minutes						
Registration Comment:						
=====						
MEPRS Code: BBAA						
Workload Type: COUNT						
Requesting Service:						
Referred By:						
Send Reminder Notice NO						
Appointment Comment: XXX						
Reason for Appointment:						
TYPE IN REASON FOR APPT						
Ask for Help = HELP Screen Exit = F10 File/Exit = DO						
						INSERT OFF

Enter your initials in the Appointment Comment field and Press RETURN once. Enter the Reason for Appointment and then Press RETURN to file the appointment

3.4 Non-Enrolled Booking

NOTE: DO NOT USE THIS PROCESS TO BOOK APPOINTMENTS FOR VETERAN ADMINISTRATION BENEFICIARIES!!!

HMCP	Health Care Finder Menu
CDSK	Clerk Front Desk Functions Menu
DMCP	Display Patient Appointments
CMCP	Cancellation by Patient
OMCP	Outputs & Management Reports Menu
RMCP	Registration Menu
IMCP	Interactive NAS Processing Menu
PMCP	PCM Assignment and Reassignment Menu
FMCP	File/Table for MCP Menu
AMCP	Ad Hoc Report Menu

Select Managed Care Program Menu Option: HMCP

Type the letters **HMCP** for Health Care Finder Menu and Press RETURN

AHCF	Appointment Order Processing
BHCF	Health Care Finder Booking
SHCF	Self-Referral Booking
EHCF	Enter Appointment Refusals
CHCF	Cancellation by Patient
OHCF	Output Products
RHCF	Health Care Finder Reports Menu
LHCF	Print Patient Address Label

Select Managed Care Program Menu Option: BHCF

Type the letters **BHCF** for Health Care Finder Booking and Press RETURN

HEALTH CARE FINDER BOOKING

Select PATIENT NAME:

Enter the patient's name and Press RETURN

HEALTH CARE FINDER BOOKING	
Patient: Potter, Harry	DDS/FMP/SSN: 20/20/123-45-6789
Pat SSN: 123-45-6789	Sex/DOB/Age: M/19 Jun 1965/38Y
PatCat: USA ACTIVE DUTY ENLISTED	HCDP: TRICARE PRIME
Elig St/End: 02Jul1983-31Jul2003	HDCP Start DT: 02 Sep 1998
Last Elig Ck: 24Jun2003@082225	Primary OHI: NOT ASSIGNED
Dir Care: Y CHA: N MED: N ACV: A	Reg Code: 14 DMIS: 8910
=====	
Sponsor: Potter, Harry	Spon Rank: MASTER SERGEANT
Spon PatCat: USA ACTIVE DUTY ENLISTED	Duty Phone: 568-9999
Sponsor UIC: 0020 LG HHC AUG	DSN: 978
Address: HHC 25TH TSC	
City: EL PASO	Home Phone: 755-0000
St: TX	Work Phone: 568-9999
Reg Comment:	
O/P Rec Room: SOLDIER & FAMILY MEDICAL CLINIC	Reg Updated: 22 Mar 2002@152834
=====	
Select (N)on-enrollee Booking, (R)eferral Booking, (S)elf-Referral Booking, (V)iew/Query DEERS, (F)uture/Past Appts, (L)og Non-MTF Appt, (D)emographics, (O)utput Products, or (Q)uit: N// N	

Verify the patient's name. Verify the sponsor's name. (N)on-Enrollee Booking is set as the default - Press RETURN

NON-ENROLLEE BOOKING SEARCH CRITERIA	
Patient: Potter, Harry	FMP/SSN: 20/20/123-45-6789
Place of Care:	PLOC Phone:
Detail Codes:	ATC Category:
Provider:	Appt Type:
Location:	Spec Type:
Clinic Spec:	Provider Spec:
Date Range: 26 Jun 2003 to 07 Aug 2003	Days of Week: M TU W TH F SA SU
Time Range: 0001 to 2400	Duration:
=====	
* Access to Care Category	
Location	
Specialty	
Place of Care	
Provider	
Appointment Type	
+ Detail Codes	
=====	
Use SELECT key to select SEARCH CRITERIA	

Access to Care Category is a required field

NON-ENROLLEE BOOKING SEARCH CRITERIA	
Patient: Potter, Harry	FMP/SSN: 20/20/123-45-6789
Place of Care:	PLOC Phone:
Detail Codes:	ATC Category:
Provider:	Appt Type:
Location:	Spec Type:
Clinic Spec:	Provider Spec:
Date Range: 26 Jun 2003 to 07 Aug 2003	Days of Week: M TU W TH F SA SU
Time Range: 0001 to 2400	Duration:
=====	
* Access to Care Category	
Location	
Specialty	
* Place of Care	
Provider	
Appointment Type	
+ Detail Codes	
=====	
Use SELECT key to select SEARCH CRITERIA	

Use the Select key to choose the Place of Care field and then Press RETURN

NON-ENROLLEE BOOKING SEARCH CRITERIA			
Patient:	Potter, Harry	FMP/SSN:	20/20/123-45-6789
Place of Care:		PLOC Phone:	
Detail Codes:		ATC Category:	
Provider:		Appt Type:	
Location:		Spec Type:	
Clinic Spec:		Provider Spec:	
Date Range:	26 Jun 2003 to 07 Aug 2003	Days of Week:	M TU W TH F SA SU
Time Range:	0001 to 2400	Duration:	
<hr/> <div> <div>* Access to Care Category</div> <div>Location</div> <div>Specialty</div> <div>* Place of Care</div> <div>Provider</div> <div>Appointment Type</div> <div>+ Detail Codes</div> </div> <hr/>			
Select PLACE OF CARE: ORTHOPEDICS <div> <div>1 ORTHOPEDICS (YMEORT) CLINIC WM BEAUMONT AMC EL PASO TX</div> <div>BEAA</div> <div>2 ORTHOPEDICS SPINE ORTHOPEDICS SPINE CLINIC WM BEAUMONT</div> <div>AMC EL PASO TX BEAA</div> </div> Choose 1-2:			

Enter a clinic name for Place of Care then Press RETURN

NON-ENROLLEE BOOKING SEARCH CRITERIA			
Patient:	Potter, Harry	FMP/SSN:	20/20/123-45-6789
Place of Care:		PLOC Phone:	
Detail Codes:		ATC Category:	
Provider:		Appt Type:	
Location:		Spec Type:	
Clinic Spec:		Provider Spec:	
Date Range:	26 Jun 2003 to 07 Aug 2003	Days of Week:	M TU W TH F SA SU
Time Range:	0001 to 2400	Duration:	
<hr/> <div> <div>* Access to Care Category</div> <div>Location</div> <div>Specialty</div> <div>* Place of Care</div> <div>Provider</div> <div>Appointment Type</div> <div>+ Detail Codes</div> </div> <hr/>			
Select PLACE OF CARE: ORTHOPEDICS <div> <div>1 ORTHOPEDICS (YMEORT) CLINIC WM BEAUMONT AMC EL PASO TX</div> <div>BEAA</div> <div>2 ORTHOPEDICS SPINE ORTHOPEDICS SPINE CLINIC WM BEAUMONT</div> <div>AMC EL PASO TX BEAA</div> </div> Choose 1-2: 1			

If a clinic list appears, choose the appropriate clinic and Press RETURN

NON-ENROLLEE BOOKING SEARCH CRITERIA	
Patient: Potter, Harry	FMP/SSN: 20/20/123-45-6789
Place of Care: ORTHOPEDICS/WBAMC	PLOC Phone:
Detail Codes:	ATC Category:
Provider:	Appt Type:
Location:	Spec Type:
Clinic Spec:	Provider Spec:
Date Range: 26 Jun 2003 to 07 Aug 2003	Days of Week: M TU W TH F SA SU
Time Range: 0001 to 2400	Duration:
<hr/> * Access to Care Category Location Specialty * Place of Care Provider Appointment Type + Detail Codes <hr/>	
Select Access to Care Category: WELL	

Enter the appropriate Access to Care Category and Press RETURN

NON-ENROLLEE SINGLE PATIENT BOOKING																																																									
Patient: Potter, Harry	FMP/SSN: 20/20/123-45-6789																																																								
Place of Care: ORTHOPEDICS/WBAMC	PLOC Phone:																																																								
Detail Codes:	ATC Category: WELLNESS																																																								
Provider:	Appt Type:																																																								
Location:	Spec Type:																																																								
Clinic Spec:	Provider Spec:																																																								
Date Range: 26 Jun 2003 to 07 Aug 2003	Days of Week: M TU W TH F SA SU																																																								
Time Range: 0001 to 2400	Duration:																																																								
<hr/> <table border="0"> <tr> <td>* TUE</td> <td>0800</td> <td>01Jul03</td> <td>PROCS</td> <td>1/0</td> <td>60</td> <td>PREOP</td> <td>DOUGHERTY, P</td> </tr> <tr> <td>TUE</td> <td>0830</td> <td>01Jul03</td> <td>ESTS</td> <td>1/0</td> <td>30</td> <td></td> <td>DOUGHERTY, P</td> </tr> <tr> <td>TUE</td> <td>0900</td> <td>01Jul03</td> <td>PROCS</td> <td>1/0</td> <td>60</td> <td>PREOP</td> <td>DOUGHERTY, P</td> </tr> <tr> <td>MON</td> <td>0900</td> <td>07Jul03</td> <td>PROCS</td> <td>1/0</td> <td>60</td> <td>PREOP</td> <td>WARME, W</td> </tr> <tr> <td>MON</td> <td>1000</td> <td>07Jul03</td> <td>PROCS</td> <td>1/0</td> <td>60</td> <td>PREOP</td> <td>WARME, W</td> </tr> <tr> <td>TUE</td> <td>0800</td> <td>10Jul03</td> <td>ESTS</td> <td>2/1</td> <td>15</td> <td>POP</td> <td>WARME, W</td> </tr> <tr> <td>+ TUE</td> <td>0800</td> <td>10Jul03</td> <td>PROCS</td> <td>1/0</td> <td>60</td> <td>PREOP</td> <td>ZUBAK, J</td> </tr> </table> <hr/>		* TUE	0800	01Jul03	PROCS	1/0	60	PREOP	DOUGHERTY, P	TUE	0830	01Jul03	ESTS	1/0	30		DOUGHERTY, P	TUE	0900	01Jul03	PROCS	1/0	60	PREOP	DOUGHERTY, P	MON	0900	07Jul03	PROCS	1/0	60	PREOP	WARME, W	MON	1000	07Jul03	PROCS	1/0	60	PREOP	WARME, W	TUE	0800	10Jul03	ESTS	2/1	15	POP	WARME, W	+ TUE	0800	10Jul03	PROCS	1/0	60	PREOP	ZUBAK, J
* TUE	0800	01Jul03	PROCS	1/0	60	PREOP	DOUGHERTY, P																																																		
TUE	0830	01Jul03	ESTS	1/0	30		DOUGHERTY, P																																																		
TUE	0900	01Jul03	PROCS	1/0	60	PREOP	DOUGHERTY, P																																																		
MON	0900	07Jul03	PROCS	1/0	60	PREOP	WARME, W																																																		
MON	1000	07Jul03	PROCS	1/0	60	PREOP	WARME, W																																																		
TUE	0800	10Jul03	ESTS	2/1	15	POP	WARME, W																																																		
+ TUE	0800	10Jul03	PROCS	1/0	60	PREOP	ZUBAK, J																																																		
Use SELECT key to select appointment to be booked																																																									
Press F9 to view additional appointment data																																																									

Use the Select key to choose the appointment then Press RETURN

FILE APPOINTMENT									
Patient: Potter, Harry Place of Care: ORTHOPEDICS/WBAMC Detail Codes: Provider: Location: Clinic Spec: Date Range: 26 Jun 2003 to 07 Aug 2003 Time Range: 0001 to 2400					FMP/SSN: 20/20/123-45-6789 PLOC Phone: ATC Category: WELLNESS Appt Type: Spec Type: Provider Spec: Days of Week: M TU W TH F SA SU Duration:				
<div style="display: flex; justify-content: space-between;"> TUE 0800 01Jul03 PROCS 1/0 60 PREOP DOUGHERTY, P </div>									
<div style="text-align: center; border-top: 1px dashed black; border-bottom: 1px dashed black; margin-bottom: 5px;"> ===== Select Slot #1 of 1 ===== </div> Select (B)ook appt, or (Q)uit FILE APPOINTMENT: B//									

(B)ook appt is set as the default – Press RETURN to file the appointment

PATIENT APPOINTMENT: POTTER, HARRY	FILE APPOINTMENT
<div style="display: flex; justify-content: space-between;"> TUE 0800 01Jul03 PROCS 1/0 60 PREOP DOUGHERTY, P </div>	
O/S Rec Loc:	
<div style="text-align: right;"> Clinic Message: 15 MIN EARLY Clinic/Appt Type Instructions: 15 MIN EARLY Provider Message Provider/Appt Type Instructions: Arrival Message: 15 minutes Registration Comment: </div>	
<div style="text-align: right;"> MEPRS Code: BEAA Workload Type: COUNT Requesting Service: Referred By: Send Reminder Notice NO Appointment Comment: Reason for Appointment: </div>	
<div style="display: flex; justify-content: space-between; align-items: center;"> Ask for Help = HELP Screen Exit = F10 File/Exit = DO <div style="background-color: black; color: white; padding: 2px 10px; font-weight: bold;">INSERT OFF</div> </div>	

Press RETURN through the fields until the cursor gets to the Appointment Comment field

PATIENT APPOINTMENT: POTTER, HARRY						FILE APPOINTMENT
TUE	0800	01Jul03	PROCS	1/0	60	PREOP
						DOUGHERTY, P
O/S Rec Loc:						
			Clinic Message:	15 MIN EARLY		
			Clinic/Appt Type Instructions:	15 MIN EARLY		
			Provider Message			
			Provider/Appt Type Instructions:			
			Arrival Message:	15 minutes		
			Registration Comment:			
=====						
			MEPRS Code:	BEAA		
			Workload Type:	COUNT		
			Requesting Service:			
			Referred By:			
			Send Reminder Notice	NO		
			Appointment Comment:	XXX		
			Reason for Appointment:			
TYPE IN REASON FOR APPT						
Ask for Help = HELP		Screen Exit = F10		File/Exit = DO		INSERT OFF

Enter your initials in the Appointment Comment field and Press RETURN once. Enter the Reason for Appointment then Press RETURN to file the appointment.

3.5 Changing Appt. Search Criteria

When the available appointment retrieved doesn't meet desired criteria, it is possible to change search criteria to view additional options:

PCM MTF SINGLE PATIENT BROWSE SEARCH CRITERIA	
Patient: Potter, Harry	FMP/SSN: 20/123-45-6789
Clinic: PRIME ADULT MEDICAL CLINIC	
Clinic Phone: 915-569-0000	
Provider: CEPHALIC, OSTEO	Date: 02 Jul 2003
=====	
=====	
Select (C)hange Search Criteria, (S)earch Schedule, or (Q)uit BROWSE: C// S	

Type the letter S for Search Schedule and Press RETURN

PCM MTF SINGLE PATIENT BROWSE	
Patient: Potter, Harry	FMP/SSN: 20/123-45-6789
Clinic: PRIME ADULT MEDICAL CLINIC	
Clinic Phone: 915-569-0000	
Provider: CEPHALIC, OSTEO	Date: 02 Jul 2003
=====	
~TUE	0800 01Jul03 PROC\$ 1/1 60 60 MIN BOOK
~TUE	0830 01Jul03 EST\$ 1/1 60 WEA 60 MIN BOOK
~TUE	0900 01Jul03 PROC\$ 1/1 60 WEA 60 MIN BOOK
~MON	0900 07Jul03 PROC\$ 1/1 60 WEA 60 MIN BOOK
~MON	1000 07Jul03 PROC\$ 1/1 60 WEA 60 MIN BOOK
*~TUE	0800 10Jul03 EST\$ 1/1 60 60 MIN OPEN
~TUE	0800 10Jul03 PROC\$ 1/0 45 45 MIN BOOK
<---Enter 4 digit time of new schedule time slot	
=====	
Select one slot to Change, Split, Book, or Overbook.	
Select multiple consecutive slots to Join.	
Press F9 to view additional appointment data	

Use the Select key to choose the appointment then Press RETURN

PCM MTF SINGLE PATIENT BROWSE							
Patient: Potter, Harry				FMP/SSN: 20/123-45-6789			
Clinic: PRIME ADULT MEDICAL CLINIC							
Clinic Phone: 915-569-0000							
Provider: CEPHALIC, OSTEO				Date: 02 Jul 2003			
=====							
~TUE	0800	01Jul03	ROUT	1/1	60	60 MIN	BOOK
~TUE	0830	01Jul03	ESTS	1/1	60 WEA	60 MIN	BOOK
~TUE	0900	01Jul03	ROUT	1/1	60 WEA	60 MIN	BOOK
~MON	0900	07Jul03	ROUT	1/1	60 WEA	60 MIN	BOOK
~MON	1000	07Jul03	ROUT	1/1	60 WEA	60 MIN	BOOK
*~TUE	0800	10Jul03	ESTS	1/1	60	60 MIN	OPEN
~TUE	0800	10Jul03	ESTS	1/0	45	45 MIN	BOOK
<---Enter 4 digit time of new schedule time slot							
=====							
Select (C)hange, (S)plit, (B)ook, (V)iew, or (Q)uit: C							

Type the letter C for Change and Press RETURN

APPOINTMENT SLOTS: 2		SINGLE PATIENT BROWSE - CHANGE	
~TUE	0800 10Jul03 ESTS 1/1 60 60 MIN OPEN		
Clinic: PRIME ADULT MEDICAL CLINIC Provider: CEPHALIC, OSTEO Division: WM BEAUMONT AMC EL PASO TX Booked appointments: Maximum overbooks allowed: 1 Day of Week: TUE Appointment Slot Status: OPEN			
=====			
Appointment Type: ROUT Duration: 60 Workload Type: COUNT Detail Codes:			
Number of patients: 1 Appointment SLOT Comment: CHANGE APPT			
=====			
File/exit	Abort	Edit	
File changes and exit.			

Make the appropriate changes, enter "Changed Appt" in the Appointment SLOT Comment field and file the appointment.

PCM MTF SINGLE PATIENT BROWSE

Patient: Potter, Harry
 Clinic: PRIME ADULT MEDICAL CLINIC
 Clinic Phone: 915-569-0000
 Provider: CEPHALIC, OSTEO
 FMP/SSN: 20/123-45-6789
 Date: 02 Jul 2003

~TUE	0800	01Jul03	ROUT	1/1	60	60 MIN	BOOK
~TUE	0830	01Jul03	EST\$	1/1	60 WEA	60 MIN	BOOK
~TUE	0900	01Jul03	ROUT	1/1	60 WEA	60 MIN	BOOK
~MON	0900	07Jul03	ROUT	1/1	60 WEA	60 MIN	BOOK
~MON	1000	07Jul03	ROUT	1/1	60 WEA	60 MIN	BOOK
*~TUE	0800	10Jul03	ROUT	1/1	60	60 MIN	OPEN
~TUE	0800	10Jul03	EST\$	1/0	45	45 MIN	BOOK

<---Enter 4 digit time of new schedule time slot

Select (V)iew, or (Q)uit:

Select (Q)uit and Press RETURN.

3.6 Split Appointment

PCM MTF BOOKING SEARCH CRITERIA	
Patient: Potter, Harry	FMP/SSN: 20/20/123-45-6789
Place of Care: PRIME ADULT MEDICAL CLINIC	PLOC Phone:
Detail Codes:	ATC Category:
Provider: CEPHALIC, OSTEO	Appt Type:
Location: 79920	Spec Type:
Clinic Spec:	Provider Spec:
Date Range: 26 Jun 2003 to 07 Aug 2003	Days of Week: M TU W TH F SA SU
Time Range: 0001 to 2400	Duration:
=====	
Patient Home Phone: 9157510000	Patient Duty Phone: 5689999
=====	
Select (C)hange Search Criteria, Appt (S)earch, Appt (R)efusal, (B)rowse, (W)ait List Add, (T)el-Consult, or (Q)uit: C// B	

Select (B)rowse and Press RETURN.

PCM MTF SINGLE PATIENT BROWSE SEARCH CRITERIA	
Patient: Potter, Harry	FMP/SSN: 20/123-45-6789
Clinic: PRIME ADULT MEDICAL CLINIC	
Clinic Phone: 915-569-0000	
Provider: CEPHALIC, OSTEO	Date: 02 Jul 2003
=====	
Select (C)hange Search Criteria, (S)earch Schedule, or (Q)uit BROWSE: C// S	

Select (S)earch Schedule and Press RETURN.

PCM MTF SINGLE PATIENT BROWSE							
Patient: Potter, Harry				FMP/SSN: 20/123-45-6789			
Clinic: PRIME ADULT MEDICAL CLINIC							
Clinic Phone: 915-569-0000							
Provider: CEPHALIC, OSTEO				Date: 02 Jul 2003			
=====							
~TUE	0800	01Jul03	PROC\$ 1/1	60	60 MIN	BOOK	
~TUE	0830	01Jul03	EST\$ 1/1	60 WEA	60 MIN	BOOK	
~TUE	0900	01Jul03	PROC\$ 1/1	60 WEA	60 MIN	BOOK	
~MON	0900	07Jul03	PROC\$ 1/1	60 WEA	60 MIN	BOOK	
~MON	1000	07Jul03	PROC\$ 1/1	60 WEA	60 MIN	BOOK	
~TUE	0800	10Jul03	EST\$ 1/1	60	60 MIN	BOOK	
* ~TUE	0800	10Jul03	PROC\$ 1/0	45	45 MIN	OPEN	
<---Enter 4 digit time of new schedule time slot							
=====							
Select one slot to Change, Split, Book, or Overbook.							
Select multiple consecutive slots to Join.							
Press F9 to view additional appointment data							

Use the Select key to choose the appointment then Press RETURN

PCM MTF SINGLE PATIENT BROWSE							
Patient: Potter, Harry				FMP/SSN: 20/123-45-6789			
Clinic: PRIME ADULT MEDICAL CLINIC							
Clinic Phone: 915-569-0000							
Provider: CEPHALIC, OSTEO				Date: 02 Jul 2003			
=====							
~TUE	0800	01Jul03	ROUT 1/1	60	60 MIN	BOOK	
~TUE	0830	01Jul03	EST\$ 1/1	60 WEA	60 MIN	BOOK	
~TUE	0900	01Jul03	ROUT 1/1	60 WEA	60 MIN	BOOK	
~MON	0900	07Jul03	ROUT 1/1	60 WEA	60 MIN	BOOK	
~MON	1000	07Jul03	ROUT 1/1	60 WEA	60 MIN	BOOK	
~TUE	0800	10Jul03	EST\$ 1/1	60	60 MIN	BOOK	
* ~TUE	0800	10Jul03	EST\$ 1/0	45	45 MIN	OPEN	
<---Enter 4 digit time of new schedule time slot							
=====							
Select (C)hange, (S)plit, (B)ook, (V)iew, or (Q)uit: S							

Select (S)plit and Press RETURN

APPOINTMENT SLOTS: 2				SINGLE PATIENT BROWSE - CHANGE			
~TUE	0800	10Jul03	EST\$	1/0	45	45 MIN	OPEN
Clinic: PRIME ADULT MEDICAL CLINIC Provider: CEPHALIC, OSTEO Division: WM BEAUMONT AMC EL PASO TX Booked appointments: Maximum overbooks allowed: 1 Day of Week: TUE Appointment Slot Status: OPEN							
<hr/> Appointment Type: EST\$ Duration: 45 Workload Type: COUNT Detail Codes:							
Number of patients: 1 Appointment SLOT Comment: CHANGE APPT							
Ask for Help = HELP		Screen Exit = F10		File/Exit = DO		INSERT OFF	

Make appropriate changes and Press RETURN to file the appointment.

3.7 Overbook Appointment

PCM MTF BOOKING SEARCH CRITERIA	
Patient: Potter, Harry	FMP/SSN: 20/20/123-45-6789
Place of Care: PRIME ADULT MEDICAL CLINIC	PLOC Phone:
Detail Codes:	ATC Category:
Provider: CEPHALIC, OSTEO	Appt Type:
Location: 79920	Spec Type:
Clinic Spec:	Provider Spec:
Date Range: 26 Jun 2003 to 07 Aug 2003	Days of Week: M TU W TH F SA SU
Time Range: 0001 to 2400	Duration:
=====	
Patient Home Phone: 9157510000	Patient Duty Phone: 5689999
=====	
Select (C)hange Search Criteria, Appt (S)earch, Appt (R)efusal, (B)rowse, (W)ait List Add, (T)el-Consult, or (Q)uit: C// B	

Select (B)rowse and Press RETURN

PCM MTF SINGLE PATIENT BROWSE							
Patient: Potter, Harry				FMP/SSN: 20/123-45-6789			
Clinic: PRIME ADULT MEDICAL CLINIC							
Clinic Phone: 915-569-0000							
Provider: CEPHALIC, OSTEO				Date: 02 Jul 2003			
=====							
~TUE	0800	01Jul03	PROCS	1/1	60	60 MIN	BOOK
~TUE	0830	01Jul03	ESTS	1/1	60 WEA	60 MIN	BOOK
~TUE	0900	01Jul03	PROCS	1/1	60 WEA	60 MIN	BOOK
~MON	0900	07Jul03	PROCS	1/1	60 WEA	60 MIN	BOOK
~MON	1000	07Jul03	PROCS	1/1	60 WEA	60 MIN	BOOK
~TUE	0800	10Jul03	ESTS	1/1	60	60 MIN	BOOK
* ~TUE	0800	10Jul03	PROCS	1/0	45	45 MIN	OPEN
<---Enter 4 digit time of new schedule time slot							
=====							
Select one slot to Change, Split, Book, or Overbook.							
Select multiple consecutive slots to Join.							
Press F9 to view additional appointment data							

Use the Select key to choose the appointment then Press RETURN

PCM MTF SINGLE PATIENT BROWSE							
Patient: Potter, Harry				FMP/SSN: 20/123-45-6789			
Clinic: PRIME ADULT MEDICAL CLINIC							
Clinic Phone: 915-569-0000							
Provider: CEPHALIC, OSTEO				Date: 02 Jul 2003			
~TUE	0800	01Jul03	PROCS	1/1	60	60 MIN	BOOK
~TUE	0830	01Jul03	ESTS	1/1	60 WEA	60 MIN	BOOK
~TUE	0900	01Jul03	PROCS	1/1	60 WEA	60 MIN	BOOK
~MON	0900	07Jul03	PROCS	1/1	60 WEA	60 MIN	BOOK
~MON	1000	07Jul03	PROCS	1/1	60 WEA	60 MIN	BOOK
~TUE	0800	10Jul03	ESTS	1/1	60	60 MIN	BOOK
* ~TUE	0800	10Jul03	PROCS	1/0	45	45 MIN	OPEN
<---Enter 4 digit time of new schedule time slot							
Select (O)verbook, (V)iew, (Q)uit: O							

Select (O)verbook and Press RETURN

PCM MTF SINGLE PATIENT BROWSE							
Patient: Potter, Harry				FMP/SSN: 20/123-45-6789			
Clinic: PRIME ADULT MEDICAL CLINIC							
Clinic Phone: 915-569-0000							
Provider: CEPHALIC, OSTEO				Date: 02 Jul 2003			
* ~TUE	0800	10Jul03	PROCS	1/0	45	45 MIN	OPEN
Select Slot #1 of 1							
Select (B)ook, or (Q)uit: FILE APPOINTMENT: B// B							

Select (B)ook and Press RETURN

PATIENT APPOINTMENT: POTTER, HARRY					FILE APPOINTMENT	
~TUE	0800	10Jul03	PROCS	1/0	45	45 MIN BOOK
No reminder notice will be sent. Hand-carry Patient records.						
O/S Rec Loc:						
Clinic Message: 15 MIN EARLY						
Clinic/Appt Type Instructions: 15 MIN EARLY						
Provider Message						
Provider/Appt Type Instructions:						
Arrival Message: 15 minutes						
Registration Comment:						
=====						
MEPRS Code: BAAA						
Workload Type: COUNT						
Requesting Service:						
Referred By:						
Send Reminder Notice NO						
Appointment Comment:						
Reason for Appointment:						
Ask for Help = HELP		Screen Exit = F10		File/Exit = DO		INSERT OFF

Make appropriate changes and Press RETURN to file the appointment

4. EMERGENCY ROOM CLERK INSTRUCTION

STEP 1

NER New ER Patient Enter
PER Problem, Procedure & Diagnosis Enter/Edit
CER Check-Out & Patient Instructions
UER Update Appt History & Encounter Data
SER SF 558 Print
TER Trackable Entity (Patient) Add/Delete
JER JCAHO Control Register Print
WER Walk-In Patients
VER View Patient Appointment History
DER Disposition Processing
FER Full ER Encounter
AER Activity Date and ER Clinic Edit
EER Emergency Room Profiles Menu
MER Management Reports Menu
RER Registration Menu
LBL Standard Patient Labels
RCR Review Clinical Results and Orders Menu

Select Emergency Room Menu Option: **NER** New ER Patient Enter

Select PATIENT: **NAME: ENTER NAME HERE**

STEP 2 During the step **Direct Care** and **Eligibility date** should be valid as indicated below

CURRENT DEERS ELIGIBILITY

Name: POTTER, HARRY	FMP/SSN: 20/123-45-6789
Patient Category: USA ACTIVE DUTY OFFICER	DDS:
DOB/Age: 11 Jan 1966/35Y	Sex: MALE

Sponsor Rank: MAJOR	
Sponsor UIC: W4XEAA-RESOURCE SERVICES WASH	
DMIS ID: 0037-WALTER REED ARMY MEDICAL CENTER	
ACV:	
Start Date:	Region Code:
Care Authorization PH#:	PCM Location:
Direct Care: <u>ELIGIBLE</u>	Medicare:
Dir Care Elig Start Date: 13 Mar 2001	CHAMPUS:
Dir Care Elig End Date: <u>11 Feb 2005</u>	
Eligibility End Reason:	BRAC Pharmacy Eligibility:
Override Code: (Do not Override with out authorization)	

- | | |
|----|---|
| 10 | DEERS enrollment exception - billing determination required |
| 99 | SSN erroneously keyed. Disregard ineligible response |
| 01 | Care Denied - Not treated |
| 02 | Presented valid DD Form 1172 and valid ID card |
| 03 | Patient recently eligible (less than 120 days). Patient not on DEERS |
| 04 | Sponsor recently entered active duty for greater than 30 days |
| 05 | Newborn infant less than 1 year old |
| 06 | Patient has valid ID issued within 120 days (shown DEERS ineligible) |
| 07 | Emergency Care - Eligibility and billing determination still required |
| 08 | Sponsor duty station outside the 50 states or with APO/FPO address |
| 09 | Survivor of deceased sponsor - one time exception |

NOTE : **For Override authorizations contact the Treasures office @ ext 4-2327. All after hours and weekend Overrides paper work must be received in Treasures Office 3rd floor Rm 3-024 Main Hospital.**

Date of Request: 18 Jun 2001

Select to (V)iew more DEERS data, (P)rint, (R)epeat DEERS check, (C)ontinue, or (Q)uit: C// <CR>

STEP 3 All Demographics changes are Enter using the **M (mini)**

DEMOGRAPHICS DISPLAY	
Name: POTTER, HARRY	FMP/SSN: 20/123-45-6789
Patient Category: USA ACTIVE DUTY OFFICER	DDS:
HCDP:	Sex: MALE
Region Code:	DOB/Age: 11 Jan 1966/35Y
ACV:	DMIS ID: 0037
Direct Care: ELIGIBLE	Medicare:
<hr/>	
Sponsor Name: POTTER, HARRY	Rank: MAJOR
Station/Unit: RESOURCE SERVICES WASH	DSN:
Home Address: 1313 MOCKINGBIRD LANE	
City: BALTIMORE	State: MARYLAND
ZIP Code: 21201	Home Phone: XXX-XXX-XXXX
Duty Phone: XXX-XXX-XXXX	Work Phone: XXX-XX-XXXX
Registration Comment:	
Last Registration Date: 19 Jun 2000@1309	
<hr/>	
Outpatient Record Room: OUTPATIENT RECORDS FILEROOM	
MCP Enroll Date:	End Enroll Date:
Primary Care Manager:	PCM Phone:
Primary OHI: NOT ASSIGNED	Case Mgmt:
<hr/>	
Select (F)ull, (M)ini , (N)ew Patient, (C)ontinue, or (Q)uit DEMOGRAPHICS: C//	

NOTE: **New Patient** are identified as their first visit to this specialist clinic or the patient has not had an appointment in this specialty clinic in the past three years.

City: EL PASO	State: TEXAS
ZIP Code: 79934	Home Phone: 915-000-0000
Duty Phone: XXX-XXXX	Work Phone: XXX-XXXX
Registration Comment:	
Last Registration Date: 04 Dec 2002@152126	
Outpatient Record Room:	
MCP Enroll Date:	End Enroll Date:
Primary Care Manager:	PCM Phone:
Primary OHI: NOT ASSIGNED	Case Mgmt:

Select (F)ull, (M)ini, (N)ew Patient, **(C)ontinue**, or (Q)uit DEMOGRAPHICS: C// <CR>

STEP 4 All fields in bold letter are required
PATIENT APPOINTMENT: POTTER, HARRY NEW ER PATIENT ENTER

PATIENT: POTTER, HARRY	FMP/SSN: 20/123-45-6789
CATEGORY: USA ACTIVE DUTY	

ARRIVAL DATE/TIME: 27 Feb 2003@0703

CHIEF COMPLAINT: **(THE PATIENT CATEGORY AND COMPLAINT)**

METHOD OF TRANSIT: **Method of Transit is required list below**

```
+ AIR EVAC          E
+ AMBULANCE         A
+ AMBULANCE/MTF     AMB
+ AMN
+ BUS              N
+ COMMERCIAL AMBULANCE  COM
+ EVACUATION BY USAF   EVA
+ HELICOPTER        H
+ LOCAL AUTHORITIES/POLICE  LOC
+ MEDEVAC           MED
+ OTHER            O
PRIVATELY OWNED VEHICLE  POV
SHIP                S
TACTICAL VEHICLE (MILITARY)  TAC
TRAIN              T
*WALK-IN           WI
amb\
999
```

Make choice = SELECT Exit = F10

APPOINTMENT TYPE: **EROOM** (This is a default appointment type)

HISTORY OBTAINED FROM:

THIRD PARTY PAYER: NO

ARRIVAL CATEGORY: **NON-URGENT**

```
E    EMERGENCY
U    URGENT
*N   NON-URGENT
```

Make choice = SELECT Exit = F10

MEPRS CODE: **BIAA** (This is a default appointment type)

Ask for Help = HELP Screen Exit = F10 File/Exit = DO INSERT OFF

PATIENT APPOINTMENT: POTTER, HARRY

NEW ER PATIENT ENTER

PATIENT: POTTER, HARRY

FMP/SSN: 20/123-45-6789

CATEGORY: USA ACTIVE DUTY

ARRIVAL DATE/TIME: 27 Feb 2003@0703

CHIEF COMPLAINT: **ACTIVE DUTY BACK PAIN**

METHOD OF TRANSIT: **WALK-IN**

APPOINTMENT TYPE: **EROOM** EMERGENCY ROOM

HISTORY OBTAINED FROM:

THIRD PARTY PAYER: NO

ARRIVAL CATEGORY: **NON-URGENT**

MEPRS CODE: BIAA

PATIENT: TEST,BOBBY

NEW ER PATIENT ENTER -- CONTINUATION

PATIENT: POTTER, HARRY

FMP/SSN: 20/123-45-6789

CATEGORY: USA ACTIVE DUTY

NEXT OF KIN:

NOK-PHONE:

COMMAND SECURITY:

MILITARY FLYING STATUS:
MEPRS CODE: BIAA

STEP 5 File all information

PATIENT APPOINTMENT: POTTER, HARRY NEW ER PATIENT ENTER

PATIENT: POTTER, HARRY FMP/SSN: 20/123-45-6789
CATEGORY: USA ACTIVE DUTY

ARRIVAL DATE/TIME: 27 Feb 2003@0703
CHIEF COMPLAINT: BACK PAIN
METHOD OF TRANSIT: WALK-IN
APPOINTMENT TYPE: EROOM EMERGENCY ROOM
HISTORY OBTAINED FROM:
THIRD PARTY PAYER: NO
ARRIVAL CATEGORY: NON-URGENT
MEPRS CODE: BIAA

File/exit Abort Edit
File changes and exit.

STEP 6 Select Emergency Room Menu Option: LBL Standard Patient Labels

LAB Patient Labels For Lab Orders
GEN Generic Patient Labels

Select Standard Patient Labels Option: **GEN** Generic Patient Labels
Select NAME: **Type name of patient here**
Select another NAME: **Enter**
DEVICE:

STEP 7 PROCESS PATIENT (END-OF-DAY PROCESSING)

Select Emergency Room Menu Option: **MER** Management Reports Menu

- 1 Clinic Workload Report
- 2 End-of-Day Processing/Editing**
- 3 Trackable Entity Report

Select Management Reports Menu Option: **2**

Place of Care: EMERGENCY ROOM/WBAMC
Provider: **DO NOT ENTER PROVIDER AT THIS POINT**
Time Range: **PRESS ENTER TAKE DEFAULT**
Dates:: **PRESS ENTER TAKE DEFAULT**

Note: use the end key to select patient <*>

+ 0847 POTTER, HARRY	20/6789 EROOM CEPHALIC,OSTEO 09 Nov 01 BIAA Walk-In
0901 SNUFFY, JOSEPH	20/2914 EROOM CEPHALIC,OSTEO 09 Nov 01 BIAA Walk-In
0910 WAGNER, ROBERT	20/8609 EROOM CEPHALIC,OSTEO 09 Nov 01 BIAA Walk-In
0920 COLLINS, JOAN	98/3108 EROOM CEPHALIC,OSTEO 09 Nov 01 BIAA Walk-In
0934 MONROE, MARILYN	01/7949 EROOM CEPHALIC,OSTEO 09 Nov 01 BIAA Kept
1007 JANE, G.I.	03/9437 EROOM CEPHALIC,OSTEO 09 Nov 01 BIAA Walk-In

Select appointment(s) to process

IF A PATIENT IS SEEN BY A DIFFERENT PROVIDER REPEAT
STEP 4. PLEASE MAKE NOTE OF THE CHECKIN DATE /TIME YOU WILL NEED TO MAKE
CHANGES.

YOU MUST ENTER PROVIDER AND CHECKIN DATE AND TIME

END-OF-DAY PROCESSING

PATIENT APPT DATA

Personal Data - Privacy Act of 1974

Patient: POTTER, HARRY

FMP/SSN: 20/123-45-6789

Appt Date/Time: 09 Nov 2001@1025

Appt Status: WALK-IN

Clinic: EMERGENCY ROOM

MEPRS Code: BIAA

Provider: **CEPHALIC, OSTEO**

Appt Type: EROOM

Secondary Provider:

Checked-In: 09 Nov 2001@1032

Referred By:

Request Svc:

Appt Comment:

Reason for Appt:

Cancelled By:

Date/Time Cancelled:

STEP 8**Select Emergency Room Menu Option: CER Check-Out & Patient Instructions**Select ER PATIENT NAME: **Enter Patients name.**

PATIENT: POTTER, HARRY

FMP/SSN: 20/123-45-6789

CATEGORY: USA ACTIVE DUTY

ER #: 025051-00001

PROVIDER: CEPHALIC, OSTEO**DATE/TIME SEEN BY PROVIDER: 22 Aug 2002 @ 0005****DATE/TIME OF RELEASE: 22 Aug 2002 @ 0849****WORKLOAD TYPE: COUNT****OUTPATIENT DISPOSITION: Q48****MODIFIED DUTY UNTIL:****REFERRED TO:****PRIORITY: ROUTINE****ADMITTED TO:****ARRIVAL CATEGORY: NON-URGENT****RELEASE CONDITION: UNCHANGED****ARRIVAL DATE/TIME: 22 Aug 2002@0005****APPOINTMENT: POTTER, HARRY CHECK-OUT & PAT INSTRUCTIONS – CONTINUATION****METHOD OF TRANSIT: PRIVATELY OWNED VEHICLE**

ENCOUNTER: 22 Aug 2002@0005

CHECK-OUT & PAT INSTRUCTIONS CONTINUATION

PATIENT: POTTER, HARRY
CATEGORY: USA ACTIVE DUTY

FMP/SSN: 20/123-45-6789
ER #: 020822-00001

CHIEF COMPLAINT: **TP/ S/T 3DYS**
PATIENT INSTRUCTIONS:

ER COMMENT: **ACUTE TONSILLITIS**

5. UNSCHEDULED VISIT PROCESS

NOTE: THIS PROCESS IS TO BE FOLLOWED BY THOSE CLINICS USING CHCS I (LEGACY) ONLY!!! CLINICS USING CHCS-II ARE TO PROCESS UNSCHEDULED VISITS IN CHCS-II.

HMCP	Health Care Finder Menu
CDSK	Clerk Front Desk Functions Menu
DMCP	Display Patient Appointments
CMCP	Cancellation by Patient
OMCP	Outputs & Management Reports Menu
RMCP	Registration Menu
IMCP	Interactive NAS Processing Menu
PMCP	PCM Assignment and Reassignment Menu
FMCP	File/Table for MCP Menu
AMCP	Ad Hoc Report Menu

Select Managed Care Program Menu Option: CDSK

Type **CDSK** for Clerk Front Desk Functions Menu and Press RETURN

USV	Unscheduled Visit (Walk-In, Tel-Con, S-Call)
CBP	Cancellation by Patient
DPA	Display Patient Appointments
IPC	Individual Patient Check-In
MCD	Multiple Check-In by Default
EOD	End-of-Day Processing/Editing
VAP	Ambulatory Procedure Visits Menu
NOT	Notify Patients Menu (Cancel, No-Show, Wait List)
WLR	Wait List Requests
RDM	Registration & DEERs Menu
ORM	Operational Reports Menu
TRM	Track & Request Medical Records Menu

Select Clerk Front Desk Functions Menu Option: USV

Type **USV** for Unscheduled Visit and Press RETURN

UNSCHEDULED VISIT SEARCH CRITERIA

Patient:	FMP/SSN:
Clinic:	ATC Category:
Provider:	Appt Type:
Detail Codes:	Duration:
Time Range: 0001 to 2400	Srv Type:
Dates: 26 Jun 2003 to 26 Jun 2003	Days of Week:

Select (W)alk-In, (S)ick-Call, (T)el-Consult, (D)EERS-Check, (Q)uit: W// W

Type W for Walk-In and Press RETURN

WALK-IN SEARCH CRITERIA

Patient:	FMP/SSN:
Clinic:	ATC Category:
Provider:	Appt Type:
Detail Codes:	Duration:
Time Range: 0001 to 2400	Srv Type:
Dates: 26 Jun 2003 to 26 Jun 2003	Days of Week:

=====Patient, Clinic, Provider and Appointment Type are required=====

(C)hange the WALK-IN criteria, or (Q)uit WALK-IN: C// C

Change the WALK-IN Criteria is set as the default so Press RETURN

WALK-IN SEARCH CRITERIA	
Patient:	FMP/SSN:
Clinic:	ATC Category:
Provider:	Appt Type:
Detail Codes:	Duration:
Time Range: 0001 to 2400	Srv Type:
Dates: 26 Jun 2003 to 26 Jun 2003	Days of Week:
=====	
* Patient * Clinic * Provider * Appointment Type Default Search Criteria	
=====	
Use SELECT key to select SEARCH CRITERIA to be changed	

Use the Select Key to choose Patient, Clinic, Provider, and Appointment Type then Press RETURN

WALK-IN SEARCH CRITERIA	
Patient:	FMP/SSN:
Clinic:	ATC Category:
Provider:	Appt Type:
Detail Codes:	Duration:
Time Range: 0001 to 2400	Srv Type:
Dates: 26 Jun 2003 to 26 Jun 2003	Days of Week:
=====	
* Patient * Clinic * Provider * Appointment Type Default Search Criteria	
=====	
Select PATIENT NAME: P6789	

Enter the Patient's Name and Press RETURN

CURRENT DEERS ELIGIBILITY	
Name: POTTER, HARRY	FMP/SSN: 20/123-45-6789
Patient Category: USA ACTIVE DUTY ENLISTED	DDS: 20
DOB/Age: 19 Jun 1965/38Y	Sex: MALE
=====	
Sponsor Rank: MASTER SERGEANT	
Sponsor UIC: 0020 LG HHC	
DMIS ID: 0108	
ACV: A-TRICARE PRIME (ACTIVE DUTY)	
ACV Start Date: 23 Jan 2002	Region Code: 14
Care Authorization PH#: 0000000000	PCM Location: DIRECT CARE PC
Direct Care: ELIGIBLE	Medicare: N-Not Eligible
Dir Care Elig Start Date: 10 Aug 1983	CHAMPUS: NOT ELIGIBLE
Dir Care Elig End Date: 10 Aug 2006	
Eligibility End Reason:	
	BRAC Pharmacy Eligibility: YES
Override Code:	
Date of Request: 01 Jul 2003@0939	
=====	
Select to (V)iew more DEERS data, (P)rint, (R)epeat DEERS check, (C)ontinue, or (Q)uit: C//	

Verify patient's information and eligibility then select (C)ontinue and Press RETURN

DEMOGRAPHICS DISPLAY	
Name: POTTER, HARRY	FMP/SSN: 20/123-45-6789
Patient Category: USA ACTIVE DUTY ENLISTED	DDS: 20
HCDP:	Sex: MALE
Region Code: 14	DOB/Age: 19 Jun 1965/38Y
ACV: A-TRICARE PRIME(ACTIVE DUTY)	DMIS ID: 0108
Direct Care: ELIGIBLE	Medicare: N-Not Eligible
=====	
Sponsor Name: POTTER, HARRY	Rank: MASTER SERGEANT
Station/Unit: 0020 LG HHC	DSN:
Home Address: 1313 Mockingbird Lane	
City: El Paso	State: TEXAS
ZIP Code: 79912	Home Phone: 755-0000
Duty Phone: 568-9999	Work Phone: 568-9999
Registration Comment:	
Last Registration Date: 12 Mar 2003@113627	
Outpatient Record Room: SOLDIER & FAMILY MEDICAL CLINIC	
MCP Enroll Date:	End Enroll Date:
Primary Care Manager:	PCM Phone:
Primary OHI: NOT ASSIGNED	Case Mgmt:
=====	
Select (F)ull, (M)ini, (O)HI, (N)ew Patient, (C)ontinue, or (Q)uit DEMOGRAPHICS: C//	

Verify information then select (C)ontinue and Press RETURN

WALK-IN SEARCH CRITERIA	
Patient: POTTER, HARRY	FMP/SSN: 20/123-45-6789
Clinic:	ATC Category:
Provider:	Appt Type:
Detail Codes:	Duration:
Time Range: 0001 to 2400	Srv Type:
Dates: 26 Jun 2003 to 26 Jun 2003	Days of Week:
=====	
Select CLINIC: PRIME ADULT MEDICAL CLINIC	

Enter the name of the clinic and Press RETURN

WALK-IN SEARCH CRITERIA	
Patient: POTTER, HARRY	FMP/SSN: 20/123-45-6789
Clinic: PRIME ADULT MEDICAL CLINIC	ATC Category:
Provider:	Appt Type:
Detail Codes:	Duration:
Time Range: 0001 to 2400	Srv Type:
Dates: 26 Jun 2003 to 26 Jun 2003	Days of Week:
=====	
Select PROVIDER: CEPHALIC	

Enter the name of the Provider and Press RETURN

WALK-IN SEARCH CRITERIA	
Patient: POTTER, HARRY	FMP/SSN: 20/123-45-6789
Clinic: PRIME ADULT MEDICAL CLINIC	ATC Category:
Provider:	Appt Type:
Detail Codes:	Duration:
Time Range: 0001 to 2400	Srv Type:
Dates: 26 Jun 2003 to 26 Jun 2003	Days of Week:
=====	
Select PROVIDER: CEPHALIC,OSTEO 999-99-9999	
OK? YES//	

Verify correct Provider name and Press RETURN

WALK-IN SEARCH CRITERIA	
Patient: POTTER, HARRY	FMP/SSN: 20/123-45-6789
Clinic: PRIME ADULT MEDICAL CLINIC	ATC Category:
Provider: CEPHALIC, OSTEO	Appt Type:
Detail Codes:	Duration:
Time Range: 0001 to 2400	Srv Type:
Dates: 26 Jun 2003 to 26 Jun 2003	Days of Week:
=====	
Select APPT TYPE: WELL	

Enter the Appointment Type and Press RETURN

WALK-IN SEARCH CRITERIA	
Patient: POTTER, HARRY	FMP/SSN: 20/123-45-6789
Clinic: PRIME ADULT MEDICAL CLINIC	ATC Category:
Provider: CEPHALIC, OSTEO	Appt Type: WELLNESS/HEALTH PRO
Detail Codes:	Duration:
Time Range: 0001 to 2400	Srv Type:
Dates: 26 Jun 2003 to 26 Jun 2003	Days of Week:
=====	
Select (C)hange the WALK-IN criteria, (F)ile, or (Q)uit WALK-IN: F// F	

Select (F)ile and Press RETURN

WALK-IN SEARCH CRITERIA	
Patient: POTTER, HARRY	FMP/SSN: 20/123-45-6789
Clinic: PRIME ADULT MEDICAL CLINIC	ATC Category:
Provider: CEPHALIC, OSTEO	Appt Type: WELLNESS/HEALTH PRO
Detail Codes:	Duration:
Time Range: 0001 to 2400	Srv Type:
Dates: 26 Jun 2003 to 26 Jun 2003	Days of Week:
=====	
OK to file WALK-IN? Yes//	

Press RETURN to accept the default to file the appointment

WALK-IN SEARCH CRITERIA	
Patient: POTTER, HARRY	FMP/SSN: 20/123-45-6789
Clinic: PRIME ADULT MEDICAL CLINIC	ATC Category:
Provider: CEPHALIC, OSTEO	Appt Type: WELLNESS/HEALTH PRO
Detail Codes:	Duration:
Time Range: 0001 to 2400	Srv Type:
Dates: 26 Jun 2003 to 26 Jun 2003	Days of Week:
=====	
Select MEPRS CODE: BAAA//	

Enter the correct MEPRS Code and Press RETURN

WALK-IN SEARCH CRITERIA	
Patient: POTTER, HARRY	FMP/SSN: 20/123-45-6789
Clinic: PRIME ADULT MEDICAL CLINIC	ATC Category:
Provider: CEPHALIC, OSTEO	Appt Type: WELLNESS/HEALTH PRO
Detail Codes:	Duration:
Time Range: 0001 to 2400	Srv Type:
Dates: 26 Jun 2003 to 26 Jun 2003	Days of Week:
=====	
Select MEPRS CODE: BAAA// BAAA PRIME ADULT MEDICAL CLINIC	
BAAA CkIn 1134	
Appoinmtnet Comment: Your Initials Go Here	

Enter your initials in the Appointment Comment field and Press RETURN

WALK-IN SEARCH CRITERIA	
Patient: POTTER, HARRY	FMP/SSN: 20/123-45-6789
Clinic: PRIME ADULT MEDICAL CLINIC	ATC Category:
Provider: CEPHALIC, OSTEO	Appt Type: WELLNESS/HEALTH PRO
Detail Codes:	Duration:
Time Range: 0001 to 2400	Srv Type:
Dates: 26 Jun 2003 to 26 Jun 2003	Days of Week:
=====	
Select MEPRS CODE: BAAA// BAAA PRIME ADULT MEDICAL CLINIC	
BAAA CkIn 1134	
Appoinmtnet Comment: Your Initials Go Here	
Reason for Appointment: BP Check	

Enter the reason for appointment and Press RETURN

WALK-IN SEARCH CRITERIA	
Patient: POTTER, HARRY	FMP/SSN: 20/123-45-6789
Clinic: PRIME ADULT MEDICAL CLINIC	ATC Category:
Provider: CEPHALIC, OSTEO	Appt Type: WELLNESS/HEALTH PRO
Detail Codes:	Duration:
Time Range: 0001 to 2400	Srv Type:
Dates: 26 Jun 2003 to 26 Jun 2003	Days of Week:
=====	
Produce an Encounter Form? No//	

Press RETURN to select the default of No

6. CLERICAL RESPONSIBILITIES FOR MEDICAL RECORD TRACKING

1. Upon the daily pick-up of outpatient records for the following day's appointments, you must recharge them in to your clinic using the scanner. This shows acceptance of the records.
2. At the same time, you must indicate provider at the prompt "associated provider".
3. If the bar code is not readable by your scanner, manually enter the patient's name, and then mark through the bar code with a colored marker so that we can make a new label.
4. Upon the numerous same day appointment drop-offs, the above steps are once again to be followed.
5. Should you have a walk-in appointment or a same day appointment patient who comes to you without a record, you are to request the record via CHCS, which will be hand delivered.
6. Prior to returning the records to the Outpatient Record File Room, you must recharge them to BELL,JACK (return through "associated borrower"). This shows your surrender of the records to us.

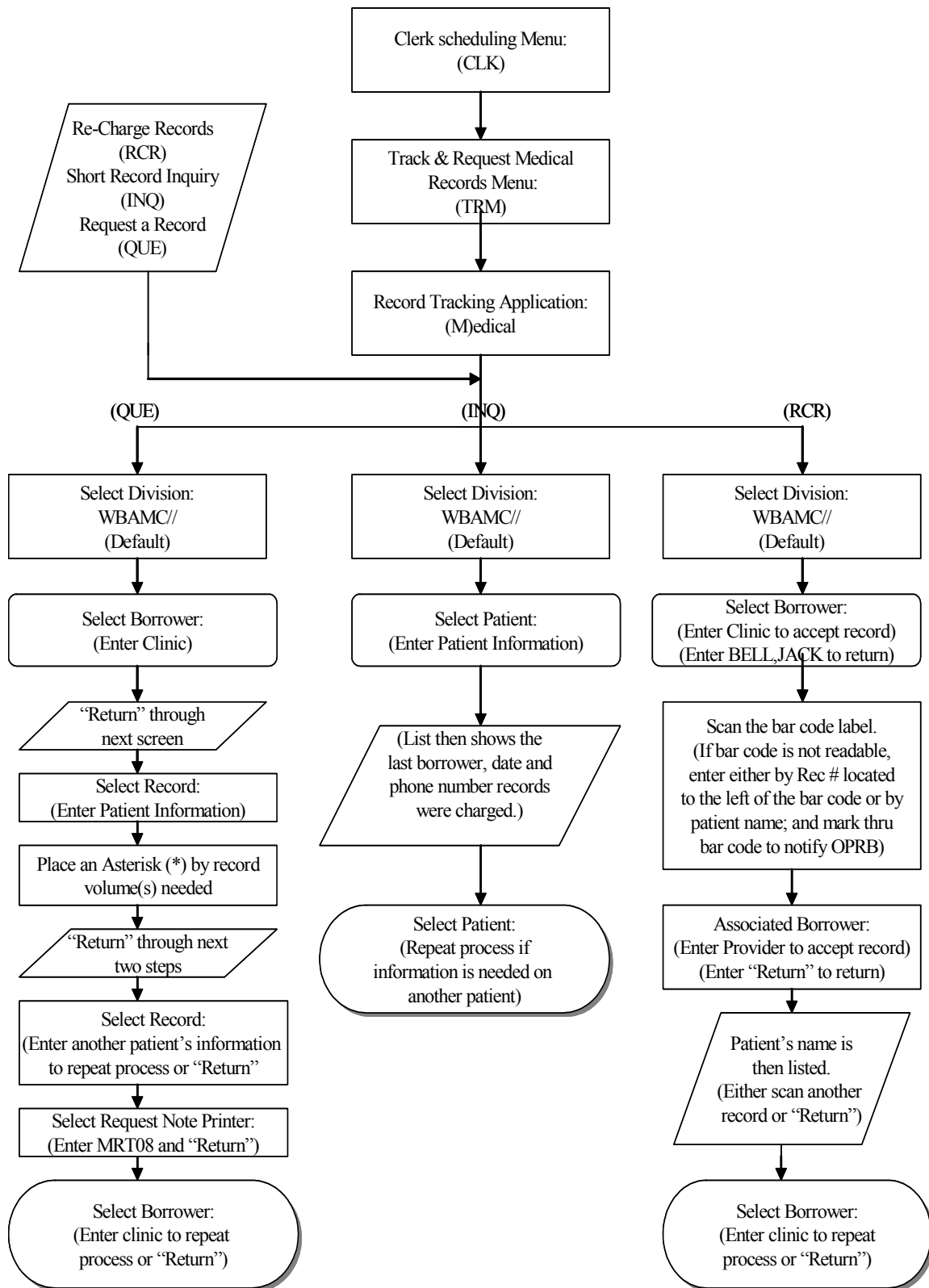
NOTE: Temporary records (which should not have a WBAMC sticker) are not to be entered into the tracking system.

7. Should the patient have another scheduled appointment on the same date, a card will be attached by the outpatient record staff to alert both you and the provider. The patient is NOT to hand-carry the records. The provider should complete his note promptly and return the record to the clinic clerk who will then recharge the record to the next clinic and call the clinic to notify them to pick up the record for that particular patient. Vice versa, should you receive a call for pick-up of a record from another clinic, collect the record and recharge it to your clinic and provider as in steps #1 and #2.
8. Should the record be needed by another physician (as is the case for audit review or staffing), the original provider will return the records to the clinic clerk in order to recharge the record to the next physician.
9. Presently, the only situations, which may require the patient to hand-carry their records, are those possessing records labeled from WSMR (McAfee), Holloman, Ft. Huachuca and the CTMC (records from CTMC are not entered into the system and cannot be recharged at this time). WBAMC records are NEVER to be released to the patient, except by Records Section staff.
10. Never directly give a patient his/her WBAMC medical records. If a patient requests his/her WBAMC medical records for an appointment outside of WBAMC, walk with the patient to the Outpatient Record File Room, so Records Section personnel can have the record "charged-out to patient."
11. For any other situations, in which you are uncertain, please call the undersigned @ 569-2198/2641/2642 for advice. The bottom line is not to release the records to the patient.

Jack William Bell
Supv., Outpatient Medical Record Branch

Effective Date: 12 June 2000

MEDICAL RECORD TRACKING PROCESS



7. CHCS End-of-Day (EOD) Processing

NOTE: ALL CLINIC APPOINTMENTS MUST BE CLOSED OUT EACH AND EVERY DAY, REGARDLESS OF THE SYSTEM THE CLINIC IS USING, I.E., CHCS-II OR CHCS LEGACY. THE FOLLOWING DEPICTS THE STEPS TO FOLLOW TO ENSURE ALL APPOINTMENTS ARE CLOSED OUT IN CHCS LEGACY.

General:

- CHCS End-of-Day (EOD) Processing is performed at the end of the normal outpatient clinic day, or at the end of each shift for 24-hour clinics. Each appointment must be closed out with the appropriate status (i.e., Kept, No-Show, etc.) to ensure that visits are counted and so that the Ambulatory Data Module (ADM) coding can be completed.

Benefits:

- When the EOD process is performed while the patient record is still available in the clinic, time-consuming research is not necessary to determine the appointment status or the name of the provider who saw the patient.
- Allows for the completion of the ADM coding which is crucial for the encounter data to be included on the Standard Ambulatory Data Record (SADR) transmission. The SADR is transmitted to both the workload and billing systems.

Process:

- There are four key fields that are critical for completion of EOD processing:
 1. **Provider:** Each appointment MUST have the appropriate provider name assigned.
 2. **Appointment Status:** Each appointment must be designated an appropriate appointment status (i.e., Kept, No-Show, LWOBS, etc.). “Pending” is NOT an appropriate status!
 3. **MEPRS Code:** Each appointment must have the clinic’s MEPRS code assigned to ensure accurate workload reporting. MEPRS Codes beginning with A, D, E, or G are NOT to be used for appointments.
 4. **Count/Non-Count Workload Type:** Each appointment must be designated as either Count or Non-Count to ensure accurate workload reporting.
- **STEP 1:** All Unscheduled Visits and Walk-In appointments must be entered into CHCS. (Refer to Unscheduled Visits section of this manual)
- **STEP 2:** Ensure all appointments are designated with the appropriate status:

Patient With a Scheduled Appointment Arrives at Clinic	Kept
Patient’s Appointment Was Cancelled by Clinic/Facility	Cancel-F
Patient Cancelled Appointment	Cancel-P
Patient Left Before Seeing Provider	LWOBS
Patient Never Appeared	No-Show
Patient Encounter Cannot Be Coded	OCC-SVC
Patient Appointment Was Made in Error	ADMIN

- **STEP 3:** Generate the Delinquent End of Day Report for your clinic:

MG Management Reports Menu

MMGR Miscellaneous Reports Menu
PMGR Problem Avoidance Reports Menu
SMGR Statistical & Workload Reports Menu
RAPV Roster of Kept APV Appointments

Select Management Reports Menu Option: PMGR Problem Avoidance Reports Menu

- 1 Delinquent End-of-Day Processing Report
- 2 Problem Avoidance Report
- 3 Schedule Deficiency Monitor Report
- 4 Telephone Consult Report
- 5 Wait List Management Report
- 6 Non-Standard Appt Type/Detail Code Summary Report

Select Problem Avoidance Reports Menu Option: 1 Delinquent End-of-Day Processing Report

Select (C)linic, (D)ivision, (G)roup, or (Q)uit: C

Select CLINIC: CARDIOLOGY

THIS IS AN 80 COLUMN REPORT!

Select DEVICE: Queue to print on

DEVICE: ENTER NAME OF YOUR PRINTER HERE

Recommended Start Time: NOW// (15 Mar 2003@1630)

TASKED SUCCESSFULLY (32061684)

Press <RETURN> to continue

DELINQUENT END-OF-DAY PROCESSING REPORT By CLINIC			
Division: WM Beaumont AMC		From: 15 Mar 2003 To: 15 Mar 2003	
		Department: Cardiology Department	
Clinic/ Date	Provider	Appt Time	Appt Type
CARDIOLOGY CLINIC			

15 Mar 2003	Hart, Benjamin	1400	EST\$
	PROVIDER NOT ENTERED	1510	WELL

- **STEP 4:** Complete all appointments appearing on the Delinquent End-of-Day Processing Report for your clinic:

Select Management Reports Menu Option: EOD End-of-Day Processing/Editing

END-OF-DAY PROCESSING
Place of Care: Provider: Time Range: 0001 to 2400 Dates: 15 Mar 2003 to 15 Mar 2003
<div></div>
<div>Place of Care is REQUIRED</div>
<div>Select (C)hange Search Criteria, or (Q)uit: C// C</div>

Select C and press RETURN to Change Search Criteria

END-OF-DAY PROCESSING
Place of Care: Provider: Time Range: 0001 to 2400 Dates: 15 Mar 2003 to 15 Mar 2003
<div> Place of Care Provider Time Range Date Range Data Elements Delinquent Appointments Only Default Search Criteria </div>
<div>Place of Care is REQUIRED</div>
<div>Use the SELECT key to mark the SEARCH CRITERIA to be changed</div>

Use your arrow keys to move the cursor, then using your END key select Place of Care.

END-OF-DAY PROCESSING
Place of Care: Provider: Time Range: 0001 to 2400 Dates: 15 Mar 2003 to 15 Mar 2003
<div> * Place of Care Provider Time Range Date Range Data Elements Delinquent Appointments Only Default Search Criteria </div>
<div> Place of Care is REQUIRED </div>
Use the SELECT key to mark the SEARCH CRITERIA to be changed

Press RETURN

END-OF-DAY PROCESSING
Place of Care: Provider: Time Range: 0001 to 2400 Dates: 15 Mar 2003 to 15 Mar 2003
<div> * Place of Care Provider Time Range Date Range Data Elements Delinquent Appointments Only Default Search Criteria </div>
<div> Place of Care is REQUIRED </div>
Select PLACE OF CARE: NAME OF YOUR CLINIC

Enter the name of your clinic and press RETURN

END-OF-DAY PROCESSING

Place of Care: Cardiology Clinic

Provider:

Time Range: 0001 to 2400

Dates: 15 Mar 2003 to 15 Mar 2003

Select (C)hange Search Criteria, (S)earch for Appointments, or (Q)uit: S// S

Press RETURN to Search for Appointments

END-OF-DAY PROCESSING

Place of Care: Cardiology Clinic

Provider:

Time Range: 0001 to 2400

Dates: 15 Mar 2003 to 15 Mar 2003

+ 1330	SNUFFY,JOSEPH	20/XXXX	EST\$	HART,BENJAMIN	15-Mar-03	BACA Kept
1340	FINIS,IM	20/XXXX	EST	HART,BENJAMIN	15-Mar-03	BACA No-Show
1350	BARRETT,RONA	31/XXXX	NEW	HART,BENJAMIN	15-Mar-03	BACA Kept
1400	JOE,GI	20/XXXX	EST\$	HART,BENJAMIN	15-Mar-03	BACA PENDING
1430	SIMPSON,BART	01/XXXX	EST	HART,BENJAMIN	15-Mar-03	BACA Kept
1450	KING,STEPHEN	30/XXXX	T-CON*	HART,BENJAMIN	15-Mar-03	BACA Tel-Con
1510	POTTER,HARRY	02/XXXX	WELL		15-Mar-03	BACA Kept
1530	SMITH,KATE	30/XXXX	EST	HART,BENJAMIN	15-Mar-03	BACA LWOBS
1550	ROONEY,ANDY	20/XXXX	WELL	HART,BENJAMIN	15-Mar-03	BACA Cancel-P
+ 1610	LINCOLN,ABE	20/XXXX	EST\$	HART,BENJAMIN	15-Mar-03	BACA Kept

Select appointment(s) to process

Press Page Down until you find the appointments that were reflected on the Delinquent End of Day Report. Use your arrow keys to move the cursor, then using your END key select the appointments you need to complete.

END-OF-DAY PROCESSING																																																																												
Place of Care: Cardiology Clinic																																																																												
Provider:																																																																												
Time Range: 0001 to 2400																																																																												
Dates: 15 Mar 2003 to 15 Mar 2003																																																																												
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+ 1610	LINCOLN,ABE	20/XXXX	EST\$	HART,BENJAMIN	15-Mar-03	BACA Kept																																																																						
Select appointment(s) to process																																																																												
PRESS RETURN																																																																												

END-OF-DAY PROCESSING	PATIENT APPT DATA		
Personal Data - Privacy Act of 1974			
Patient: JOE,GI	FMP/SSN: 20/XXX-XX-XXXX		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Appt Date/Time: 15 Mar 2003@1400</p> <p>Clinic: CARDIOLOGY</p> <p>Provider: HART,BENJAMIN</p> <p>Secondary Provider:</p> <p>Referred By:</p> <p>Check-In:</p> <p>Appt Detail Codes:</p> <p>Appt Comment:</p> <p>Reason for Appt:</p> <p>Cancelled By:</p> <p>Date/Time Cancelled:</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Appt Status: PENDING</p> <p>MEPRS Code: BACA</p> <p>Appt Type: EST\$</p> <p>Workload Type: COUNT</p> <p>Request Svc:</p> </td> </tr> </table>		<p>Appt Date/Time: 15 Mar 2003@1400</p> <p>Clinic: CARDIOLOGY</p> <p>Provider: HART,BENJAMIN</p> <p>Secondary Provider:</p> <p>Referred By:</p> <p>Check-In:</p> <p>Appt Detail Codes:</p> <p>Appt Comment:</p> <p>Reason for Appt:</p> <p>Cancelled By:</p> <p>Date/Time Cancelled:</p>	<p>Appt Status: PENDING</p> <p>MEPRS Code: BACA</p> <p>Appt Type: EST\$</p> <p>Workload Type: COUNT</p> <p>Request Svc:</p>
<p>Appt Date/Time: 15 Mar 2003@1400</p> <p>Clinic: CARDIOLOGY</p> <p>Provider: HART,BENJAMIN</p> <p>Secondary Provider:</p> <p>Referred By:</p> <p>Check-In:</p> <p>Appt Detail Codes:</p> <p>Appt Comment:</p> <p>Reason for Appt:</p> <p>Cancelled By:</p> <p>Date/Time Cancelled:</p>	<p>Appt Status: PENDING</p> <p>MEPRS Code: BACA</p> <p>Appt Type: EST\$</p> <p>Workload Type: COUNT</p> <p>Request Svc:</p>		
Help = HELP	Exit = F10 File/Exit = DO		

This appointment is still in "Pending" status. This needs to be changed to the appropriate Appointment Status. Press RETURN to the Appt Status field and change "PENDING" to the appropriate status for this patient. Press RETURN to the "Check-In" field (if appropriate) and enter the date and time the patient was checked-in.

END-OF-DAY PROCESSING		PATIENT APPT DATA
Personal Data - Privacy Act of 1974		
Patient: JOE,GI	FMP/SSN: 20/XXX-XX-XXXX	
<div style="display: flex; justify-content: space-between;"> <div> Outpatient Disposition: HOME Disposition Date/Time: Modified Duty Until: Referred To: Admitted To: Provider's Comment: </div> <div style="flex-grow: 1;"></div> </div>		
<div style="display: flex; justify-content: space-between;"> File/Exit Abort Edit </div>		

Continue to press RETURN and then select File/Exit.

END-OF-DAY PROCESSING		PATIENT APPT DATA
Personal Data - Privacy Act of 1974		
Patient: POTTER,HARRY	FMP/SSN: 02/XXX-XX-XXXX	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Appt Date/Time: 15 Mar 2003@1510 Clinic: CARDIOLOGY Provider: Secondary Provider: Referred By: Check-In: 15 Mar 2003@1500 Appt Detail Codes: Appt Comment: Reason for Appt: Cancelled By: Date/Time Cancelled: </div> <div style="width: 45%;"> Appt Status: KEPT MEPRS Code: BACA Appt Type: WELL Workload Type: COUNT Request Svc: </div> </div>		
<div style="display: flex; justify-content: space-between;"> Help = HELP Exit = F10 File/Exit = DO </div>		

This appointment is missing the Provider Name. The appropriate provider name needs to be entered. Press RETURN to the Provider field and enter the provider's name that saw the patient.

END-OF-DAY PROCESSING		PATIENT APPT DATA
Personal Data - Privacy Act of 1974		
Patient: POTTER,HARRY	FMP/SSN: 02/XXX-XX-XXXX	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Appt Date/Time: 15 Mar 2003@1510</p> <p>Clinic: CARDIOLOGY</p> <p>Provider: HART,BENJAMIN</p> <p>Secondary Provider:</p> <p>Referred By:</p> <p>Check-In: 15 Mar 2003@1500</p> <p>Appt Detail Codes:</p> <p>Appt Comment:</p> <p>Reason for Appt:</p> <p>Cancelled By:</p> <p>Date/Time Cancelled:</p> </div> <div style="width: 45%;"> <p>Appt Status: KEPT</p> <p>MEPRS Code: BACA</p> <p>Appt Type: WELL</p> <p>Workload Type: COUNT</p> <p>Request Svc:</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> File/Exit Abort Edit </div>		

Continue to press RETURN and then select File/Exit.

END-OF-DAY PROCESSING		PATIENT APPT DATA
Personal Data - Privacy Act of 1974		
Patient: POTTER,HARRY	FMP/SSN: 02/XXX-XX-XXXX	
<p>Outpatient Disposition:</p> <p>Disposition Date/Time:</p> <p>Modified Duty Until:</p> <p>Referred To:</p> <p>Admitted To:</p> <p>Provider's Comment:</p> 		
<div style="display: flex; justify-content: space-between;"> Help = HELP Exit = F10 File/Exit = DO </div>		

Enter the Outpatient Disposition and all other applicable fields and press RETURN

END-OF-DAY PROCESSING		PATIENT APPT DATA
Personal Data - Privacy Act of 1974		
Patient: POTTER,HARRY	FMP/SSN: 02/XXX-XX-XXXX	
<p>Outpatient Disposition: HOME</p> <p>Disposition Date/Time:</p> <p> Modified Duty Until:</p> <p> Referred To:</p> <p> Admitted To:</p> <p> Provider's Comment:</p>		
<div style="display: flex; justify-content: space-between;"> File/Exit Abort Edit </div>		

Continue to press RETURN and then select File/Exit.

END-OF-DAY PROCESSING
Place of Care: Cardiology Clinic Provider: Time Range: 0001 to 2400 Dates: 15 Mar 2003 to 15 Mar 2003
Select (C)hange Search Criteria, (S)earch for Appointments, or (Q)uit: S// (P)rint EOD Reports, or (Q)uit: P// P

Select P to Print EOD Reports and press RETURN

END-OF-DAY PROCESSING

Place of Care: Cardiology Clinic

Provider:

Time Range: 0001 to 2400

Dates: 15 Mar 2003 to 15 Mar 2003

=====There are missing providers and/or pending appointments=====

Select (D)elinquent EOD Report, (E)nd of Day Processing Report, or (Q)uit: D// D

If you see the above prompt, select D (and press RETURN) for Delinquent EOD Report and repeat the above steps to complete all unresolved appointments.

END-OF-DAY PROCESSING

Place of Care: Cardiology Clinic

Provider:

Time Range: 0001 to 2400

Dates: 15 Mar 2003 to 15 Mar 2003

=====

Select (E)nd of Day Processing Report, or (Q)uit: E// E

If you see the above prompt, you have successfully completed your End of Day Processing! You may select E to print an End of Day Processing Report for your records or Q to Quit.

8. CHCS Ambulatory Data Module Processing

NOTE: THIS PROCESS IS TO BE FOLLOWED BY THOSE CLINICS USING CHCS I (LEGACY) ONLY!!!

General:

- CHCS Ambulatory Data Module (ADM) Processing is performed for each encounter generated from the start for the encounter i.e. the CHCS appointment system to the provider who generates documentation for each encounter in enough detail to validate the appropriateness of medical care and accuracy of services provided to justify payment and to substantiate the assignment of the appropriate level of E&M codes.
- Each encounter will assign codes so that E/M, procedures diagnosis and HCPCS codes together tell an accurate story of the patient encounter. Encounters will be coded within 72 hours of appointment.

Benefits:

- When the ADM process is performed while the patient record or documentations of encounter is still available in the clinic, time-consuming research is not necessary to provide the coder with documentation of encounter to complete the coding within 72 hour window from the time of the appointment. The coder then enters the codes into the ADM system for completion of encounter for billing if required: Accountability and Data Quality purpose.
- Allows for the completion of the ADM coding which is crucial for the encounter data to be included on the Standard Ambulatory Data Record (SADR) transmission. The SADR is transmitted to both the workload and billing systems.

Process:

- Here are seven key fields that are critical for completion of ADM processing.
 1. **Clerk/Receptionist:** Clerk need to ask about demographic and Other Health Insurance Information (OHI)
 2. **Appointment Status:** Each appointment must be designated and appropriate appointment status (i.e., Kept, No-Show, LWOBS, etc.). "Pending" is NOT an appropriate status!
 3. **MEPRS code:** Each appointment must have the clinic's MEPRS code assigned to ensure accurate workload reporting. MEPRS Codes beginning with A, D, E, or G are NOT to be used for appointments.
 4. **Count/Non-Count Workload Type:** Each appointment must be designated as either Count or Non-Count to ensure accurate workload reporting.
 5. **Provider:** Each appointment MUST have the appropriate provider name assigned. See patient and document detail of encounter appropriate.
 6. **Clinic Personnel i.e. Receptionist, NCOIC, OIC:** Assure that record and documentation get to the coder to met the 72 hour window frame and after coding occurs:
 - a. Documentation and or Record are copied if billable and sent to ADM MRT on the 1st floor Room 1-239.
 - b. OPR/Health Records are returned to the OPR File Room in the 3rd floor.
 7. **Coder:** Will assign the E&M, Diagnoses, CPT, and HCPCS codes within 72-hour time frame and enter in ADM.
- **STEP 1:** All appointments must be entered in CHCS. (Refer to Appointment section of this manual). And demographic information needs to be brought up to date with the right information if changes are done make sure that a WBAMC form 1066 is completed with right information and send to Mrs. Dudzienski (Room 3-224B)

- **STEP 2:** Ensure all appointments are designated with all appropriate status (Refer to End-Of-Day (EOD) section of this manual).
- **STEP 3:** Ensure that appointment is in right MEPRS code.
- **STEP 4:** Ensure that all Count/Non-count are designated to each encounter by the end of the day.
- **STEP 5:** Ensure that all encounters have the appropriate provider's name for accuracy workload credit or each provider.
- **STEP 6:** Ensure that documentation gets to the coders within the 72-hour window frame so that coding can be done and encounters returned to clinic personnel so billable documentation can get to the ADM MRT for review before encounter is billed. And original documentation and/or OPR/Health record can be returned to OPR File Room.

STEP 7: Coders need to review and assign the E&M, Diagnoses, CPT and HCPCS codes for each encounter within 72-hour window frame and enter in ADM. (Refer to the ADM Create instruction guide in this manual). If the coders have any questions and need to return documentation back to the provider they need this back right away. When it is returned and they need to modify the encounter then they need to (Refer to the ADM Modify instruction guide in this manual).

When the coder's first go into Create to put all the codes that they have used on the record of the patients they go into.

8.1 Create New ADM Patient Record

Step 1 Note: After logging into CHCS at any menu option type **ADS**

Select ADS Data Entry Menu Option:

- 1 **ADS Data Entry Menu**
- 2 Ambulatory Data Reports

Select KG Ambulatory Data Systems Option: 1 ADS Data Entry Menu

1 Create New ADS Patient Records

- 2 Modify Existing ADS Patient Record
- 3 Clerk Check-In Processing

Select ADS Data Entry Menu Option: 1 Create New ADS Patient Records

(KG) Appointed Patients Without ADS Records

NOTE : ** Select location where appointment is booked. Example: **WBAMC (BIAA)**
WBAMC(BDAA)

**Select Location MH-OUTPATIENT ADULT PSYCHIATRY // <ENTER >

Select PROVIDER: CEPHALIC, OSTEO XXX-XX-XXXX
OK? YES// **(YES)**

Enter start date: T-1// (05 Mar 2001) <ENTER >

Enter end date: T// (06 Mar 2001) <ENTER >

Appointed Patients Without ADS Records

Patient Name	Appt Date	Type	Status	Ck-In
PATIENT 1	06 Mar 2001@1400	NEW/A	TEL -CON*	
PATIENT 2	06 Mar 2001@1300	ROU/A	KEPT	
* PATIENT 3	06 Mar 2001@1000	ROU/A	KEPT	

Step 2

PATIENT 3 AGE:27y 30/123-45-678 PSYCHA

Appt. Dt/Time : 06 Mar 2001@1000 Type: ROU/A Status: KEPT

Appt. Provider: CEPHALIC, OSTEO MEPRS : BFAA

In/Outpatient : Outpatient APV : No

Disposition : RELEASED W/O LIMITATIONS Work Related: No

Eval & Mgt Code: **99215 OUTPATIENT VISIT, ESTABLISHED PATIENT, HIGH COMPLEXIT**

Note: If Eval & Mgt Code is different use a ? to obtain list.

Admin. Codes (Opt):

Diagnoses: (Rank in order of importance)

1 DEPRESSIVE DISORDER, NEC (ICD 311)
 2
 3
 4
 CPT Codes: (To associate with Dx enter Dx #)
 1 PSYTX, OFF, 45-50 MIN (CPT 90806)

File Edit Diagnoses CPT-4 Admin Code Provider maiL cUo eXit
 File the Ambulatory Encounter Summary

Note: If the defaults are correct just file, if not continue with steps 3-6

Step 3 ARROW OVER TO DIAGNOSES (pick diagnoses from selection list)

Note: use the end key to select diagnoses <*>

File Edit Diagnoses CPT-4 Admin Code Provider maiL cUo eXit
 File the Ambulatory Encounter Summary

Diagnosis Selection List

* 1. MH-OUTPATIENT ADULT PSYCH 05 Mar 2001

Diagnosis Selection List

1. ADJUSTMENT DISORDER 28 Feb 2001
 1. ADJUSTMENT OTHER SPECIFIED (ICD 309.89)
 2. ADJUSTMENT REACTION WITH MIXED EMOTIONAL FEATURES (ICD 309.28)
 3. ADJUSTMENT UNSPECIFIED (ICD 309.9)
 4. ADJUSTMENT W/BRIEF DEPRESSED MOOD (ICD 309.0)
 5. ADJUSTMENT W/MIXED EMOTION/CONDUCT (ICD 309.4)
 2. ANXIETY DISORDER 28 Feb 2001
 1. AGORAPHOBIA WITH PANIC ATTACKS (ICD 300.21)
 2. AGORAPHOBIA WITHOUT MENTION OF PANIC ATTACKS (ICD 300.22)
 3. ANOREXIA NERVOSA (ICD 307.1)
 4. ANXIETY D/O GENERALIZED (ICD 300.02)
 5. ANXIETY STATE, UNSPECIFIED (ICD 300.00)
 6. BULIMIA (ICD 307.51)
 7. CONVERSION DISORDER (ICD 300.11)
 8. HYPOCHONDRIASIS (ICD 300.7)
 + 9. OCD (ICD 300.3)

Step 4 ARROW OVER TO CPT-4 (procedures). (select procedures from selection list)

Note: use the end key to select diagnoses <*>

File Edit Diagnoses CPT-4 Admin Code Provider maiL cUo eXit
 File the Ambulatory Encounter Summary

Procedure Selection List

1. CPT PROCEDURES 28 Feb 2001

1. CONSULTATION WITH FAMILY (CPT 90887)
2. ENVIRONMENTAL MANIPULATION (CPT 90882)
3. FAMILY PSYTX W/O PATIENT (CPT 90846)
4. FAMILY PSYTX W/PATIENT (CPT 90847)
5. GROUP HEALTH EDUCATION (CPT 99078)
6. GROUP PSYCHOTHERAPY (CPT 90853)
7. HYPNOTHERAPY (CPT 90880)
8. INTAC GROUP PSYTX (CPT 90857)
9. INTAC PSY DX INTERVIEW (CPT 90802)
10. INTAC PSYTX, 20-30, W/E&M (CPT 90811)
11. INTAC PSYTX, 45-50 MIN W/E&M (CPT 90813)
12. INTAC PSYTX, 75-80 W/E&M (CPT 90815)
13. INTAC PSYTX, OFF, 20-30 MIN (CPT 90810)
14. INTAC PSYTX, OFF, 45-50 MIN (CPT 90812)

Note: use the end key to select Cpt-4 <*>

NOTE: THE CPT CODES MUST BE IN SEQUENCE WITH DIAGNOSES.

- 1 IMMUNIZATION ADMINISTRATION , 1 VACCINE (CPT 90471)
2 TD IMMUNIZATION (CPT 90718)

Note: if required

File Edit Diagnoses CPT-4 Admin Code Provider maiL cUo eXit
File the Ambulatory Encounter Summary

1. **Consultation Requested**
2. Referred To Another Provider
3. Convalescent Leave
4. Medical Board
5. Medical Hold

Enter one or more codes (Format: NNNNN) : 1

Step 5

Note: if required

File Edit Diagnoses CPT-4 Admin Code Provider maiL cUo eXit
File the Ambulatory Encounter Summary

Additional Provider 1: GOLD,JACK D **Role:** ASSISTING
Additional Provider 2: **Role:**

- 1 **ATTENDING**
- 2 **ASSISTING**
- 3 **SUPERVISING**
- 4 **NURSE**
- 5 **PARA-PROFESSIONAL**

File Edit Diagnoses CPT-4 Admin Code Provider maiL cUo eXit
File the Ambulatory Encounter Summary

8.2 Modify Existing ADM Patient Record

STEP 1

- 1 Create New ADS Patient Records
- 2 **Modify Existing ADS Patient Record**
- 3 Clerk Check-In Processing

Select ADS Data Entry Menu Option: **2** Modify Existing ADS Patient Record

(KG) Ambulatory Data Collection

Select Location: WBAMC OCCUPATIONAL HEALTH // **← DEFAULT OR TYPE CLINIC**

CLINIC WM BEAUMONT AMC EL PASO TX BHGA

Select PROVIDER: CEPHALIC, OSTEO XXX-XX-XXXX

OK? YES// (YES)

Select **PATIENT NAME** (or '.' for chronological order): **←"TYPE HERE"**

The listing will be reverse chronological order, but enter EARLIEST and then LATEST appointments.

NOTE: DO NOT EXCEPT THE DEFAULT DATES TYPE IN DATES REQUESTED OR "T" FOR TODAY

Start with APPOINTMENT DATE: 16 Apr 2001@0001// **T** (30 Apr 2001)

Through APPOINTMENT DATE: 30 Apr 2001@0910// **T** (30 Apr 2001)

Modify Selected Patients for SCHNEIDER,DUKE C

Patient	Appt Dt/Tm	Appt Status	Ck-In
PATIENT 1	30 Apr 2001@0822	WALK-IN	
PATIENT 2	30 Apr 2001@0810	WALK-IN	
*PATIENT 3	30 Apr 2001@0758	WALK-IN	
PATIENT 4	30 Apr 2001@0706	WALK-IN	

STEP 2

PATIENT 3 AGE:57y 20/XXX-XX-XXXX WBOCCH

NOTE: ALL EDIT-ABLE FIELD ARE IN BOLD

Appt. Dt/Time : 30 Apr 2001@0758 Type: NEW/B Status: WALK-IN

Appt. Provider: CEPHALIC, OSTEO MEPRS : BHGA

In/Outpatient : Outpatient APV : No

Disposition : RELEASED W/O LIMITATIONS **Work Related: No**

Eval & Mgt Code: 99396 PREVENTIVE MED SERVICES ESTAB PATIENT; 40-64 YEARS

Admin. Codes (Opt):

Diagnoses: (Rank in order of importance)

D 1 HEALTH EXAM OF DEFINED SUBPOPULATIONS (ICD V70.5)
1 2 SCREENING FOR UNSPECIFIED CONDITION (ICD V82.9)
2 3 NEED FOR PROPHYLACTIC IMMUNOTHERAPY (ICD V07.2)

CPT Codes: (To associate with Dx enter Dx #)

NOTE: THE CPT CODES MUST BE SEQUENCED WITH DIAGNOSES.

2 3 IMMUNIZATION ADMINISTRATION , 1 VACCINE (CPT 90471)
2 3 TD IMMUNIZATION (CPT 90718)

File	Edit	Diagnoses	CPT-4	Admin Code	Provider	maiL	cUo	eXit
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File the Ambulatory Encounter Summary

STEP 3

PATIENT 3	AGE:57y	20/XXX-XX-XXXX	WBOCCH
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NOTE: ALL EDIT-ABLE FIELD ARE IN BOLD

Appt. Dt/Time : 30 Apr 2001@0758 Type: NEW/B Status: WALK-IN
Appt. Provider: CEPHALIC, OSTEO MEPRS : BHGA
In/Outpatient : Outpatient APV : No
Disposition : RELEASED W/O LIMITATIONS **Work Related: No**

Eval & Mgt Code: 99396 PREVENTIVE MED SERVICES ESTAB PATIENT; 40-64 YEARS

Admin. Codes (Opt):

Do you wish to update Patient's Master Problem list with new diagnoses? NO//

Diagnoses: (Rank in order of importance)

D 1 HEALTH EXAM OF DEFINED SUBPOPULATIONS (ICD V70.5)
1 2 SCREENING FOR UNSPECIFIED CONDITION (ICD V82.9)
2 3 NEED FOR PROPHYLACTIC IMMUNOTHERAPY (ICD V07.2)

CPT Codes: (To associate with Dx enter Dx #)

NOTE: THE CPT CODES MUST BE SEQUENCED WITH DIAGNOSES.

2 3 IMMUNIZATION ADMINISTRATION , 1 VACCINE (CPT 90471)
2 3 TD IMMUNIZATION (CPT 90718)

File	Edit	Diagnoses	CPT-4	Admin Code	Provider	maiL	cUo	eXit
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File the Ambulatory Encounter Summary

9. Definitions

The following information has been excerpted from the “Department of Defense Glossary of Healthcare Terminology” (DoD 6015.1-M) and additions.

- ADA. American Dental Association.
- ADDITIONAL DIAGNOSIS. Any diagnosis, other than the principal diagnosis, that describes a condition for which a patient receives treatment or which the physician considers of sufficient significance to warrant inclusion for investigative medical studies.
- ADMISSION. The act of placing an individual under treatment or observation in a medical center or hospital. The day of admission is the day when the medical center or hospital makes a formal acceptance (assignment of a register number) of the patient who is to be provided with room, board and continuous nursing service in an area of the hospital where patients normally stay at least overnight. When reporting admission data always exclude: total absent-sick patients, carded-for-record only (CRO) cases and transient patients.
- ADM. Ambulatory Data Module.
- AIS. Automated Information System. Computer hardware, computer software, telecommunications, information technology, personnel and other resources that collect, record, process, store, communicate, retrieve and display information. An AIS can include computer software only, computer hardware only or a combination of the above
- ANCILLARY. Tests and procedures ordered by healthcare providers to assist in patient diagnosis or treatment (radiology, laboratory, pathology, etc.).
- APV. Ambulatory Patient Visit. Refers to immediate (day of procedure), pre-procedure and immediate post-procedure care in an ambulatory setting. Care is required in the facility for less than 24 hours.
- AR. Accounts Receivable.
- ASSIGNMENT OF BENEFITS. The payment of medical benefits directly to a provider of care rather than to a member. Generally requires either a contract between the health plan and the provider or a written release from the subscriber to the provider allowing the provider to bill the health plan.
- ATTENDING PHYSICIAN. The physician with defined clinical privileges that has the primary responsibility for diagnosis and treatment of the patient. A physician with privileges to practice the specialty independently. The physician may have either primary or consulting responsibilities depending on the case. There will always be only one primary physician; however, under very extraordinary circumstances, because of the presence of complex, serious and multiple, but related, medical conditions, a patient may have more than one attending physician providing treatment at the same time.
- BALANCE BILLING. The practice of a provider billing a patient for all charges not paid for by the insurance plan, even if those charges are above the plan's UCR or are

considered medically unnecessary. Managed care plans and service plans generally prohibit providers from balance billing except for allowed copays, coinsurance, and deductibles. Such prohibition against balance billing may even extend to the plan's failure to pay at all (e.g., because of bankruptcy).

- **BPR. Business Process Reengineering.** MHS Business Process Reengineering is a radical improvement approach that critically rethinks and redesigns product and service processes within a political environment to achieve dramatic MHS mission performance gains.
- **BUNDLING.** Combining into one payment the charges for various medical services rendered during one health care encounter. Bundling often combines the payment from physician and hospital services into one reimbursement. Also called "package pricing."
- **CHAMPUS.** Civilian Health and Medical Program of the Uniformed Services. An indemnity-like program called TRICARE standard that is available as an option under DoD's TRICARE Program. There are deductibles and cost shares for care delivered by civilian health care providers to active duty family members, retirees and their family members, certain survivors of deceased members and certain former spouses of members of the seven Uniformed Services of the U.S.
- **CHCS.** Composite Health Care System. Medical AIS that provides patient facility data management and communications capabilities. Specific areas supported include MTF health care (administration and care delivery), patient care process (integrates support--data collections and one-time entry at source), ad hoc reporting, patient registration, admission, disposition, and transfer, inpatient activity documentation, outpatient administrative data, appointment scheduling and coordination (clinics, providers, nurses and patients), laboratory orders (verifies and processes), drug and lab test interaction, quality control and test reports, radiology orders (verifies and processes), radiology test result identification, medication order processing (inpatient and outpatient), medicine inventory, inpatient diet orders, patient nutritional status data, clinical dietetics administration, nursing, order-entry, eligibility verification, provider registration and the Managed Care Program.
- **CLAIM.** Any request for payment for services rendered related to care and treatment of a disease or injury that is received from a beneficiary, a beneficiary's representative, or an in-system or out-of-system provider by a CHAMPUS FI/Contractor on any CHAMPUS-approved claim form or approved electronic media. Types of claims and/or data records include Institutional, Inpatient Professional Services, Outpatient Professional Services (Ambulatory), Drug and Dental.
- **CLAIM REIMBURSEMENT.** The payment of the expenses actually incurred as a result of an accident or sickness, but not to exceed any amount specified in the policy.
- **"CLEAN" CLAIM.** A claim that is free of defect and impropriety, containing required substantiating documentation and also free of circumstances that require special treatment, which may prevent timely payment.
- **CLINIC.** A health treatment facility primarily intended and appropriately staffed and equipped to provide emergency treatment and ambulatory services. A clinic is also intended to perform certain non-therapeutic activities related to the health of the personnel served, such as physical examinations, immunizations, medical

administration, preventive medicine services, and health promotion activities to support a primary military mission. In some instances, a clinic may also routinely provide therapeutic services to hospitalized patients to achieve rehabilitation goals, (e.g., occupational therapy and physical therapy). A clinic may be equipped with beds for observation of patients awaiting transfer to a hospital and for the care of cases that cannot be cared for on an outpatient status, but that do not require hospitalization. Such beds shall not be considered when calculating occupied-bed days by MTFs.

- CLINIC SERVICE. A functional division of a department of a Military Treatment Facility identified by a three-digit MEPRS code.
- CMAC. CHAMPUS Maximum Allowable Charge.
- CMS. Centers for Medicare & Medicaid Services (CMS). Formerly the Health Care Financing Administration (HCFA).
- CMS-1450. The common claim form used by hospitals to bill for services. Some managed care plans demand greater detail than is available on the UB-92, requiring the hospitals to send additional itemized bills. The UB-92 replaced the UB-82 in 1993.
- CMS-1500. A claims form (Health Care Financing Administration) used by professionals to bill for services. Required by Medicare and generally used by private insurance companies and managed care plans.
- CONSULTATION. A deliberation with a specialist concerning the diagnosis or treatment of a patient. To qualify as a consultation (for statistical measure) a written report to the requesting health care professional is required.
- CONUS. Continental United States. United States territory, including the adjacent territorial waters located within the North American continent between Canada and Mexico. Alaska and Hawaii are not part of the CONUS.
- COVERED SERVICE. This term refers to all of the medical services the enrollee may receive at no additional charge or with incidental co-payments under the terms of the prepaid health care contract.
- CPT. Current Procedural Terminology. A systematic listing and coding of procedures and services performed by a physician. Each procedure or service is identified with a five-digit code that simplifies the reporting of services.
- CPT MODIFIER. A modifier is an addendum to procedure codes, which indicates that a procedure has been altered by some specific circumstance but not changed in its definition.
- DIAGNOSIS. A word used to identify a disease or problem from which an individual patient suffers or a condition for which the patient needs, seeks, or receives health care.
- DME. Durable Medical Equipment. Medical equipment that is not disposable (i.e., is used repeatedly) and is only related to care for a medical condition. Examples would include wheelchairs, home hospital beds, and so forth.
- DMIS ID. Defense Medical Information System Identification Code. The Defense Medical Information System identification code for fixed medical and dental

treatment facilities for the Tri-Services, the U.S. Coast Guard, and USTFs. In addition, DMIS IDs are given for non-catchment areas, administrative units such as the Surgeon General's Office of each of the Tri-Services, and other miscellaneous entities.

- DMLSS. Defense Medical Logistics Standard Support. As the standard DoD Medical Logistics AIS, will provide automated, comprehensive logistical support for all the Military Services. Functional requirements include biomedical maintenance management, catalog data management, central processing and distribution, facility management, property accountability and management, purchasing and contract management, reported incidents of safety and quality management, retail inventory management, supply control management, system maintenance and reporting, and theater support.
- DRG. Diagnosis Related Group. A grouping of Medicare inpatients used to determine the payment the hospital will receive for the admission of that type of patient. The group definition is based on diagnoses, procedures, presence of comorbidity/complication (CCs), age, sex and discharge disposition.
- E/M. Evaluation/Management
- ED. Emergency Department.
- ELECTIVE CARE. Medical, surgical, or dental care that, in the opinion of professional authority, could be performed at another time or place without jeopardizing the patient's life, limb, health, or well-being. Examples are surgery for cosmetic purposes, vitamins without a therapeutic basis, sterilization procedures, elective abortions, procedures for dental prosthesis, prosthetic appliances and so on.
- EMERGENCY. Situation that requires immediate intervention to prevent the loss of life, limb, sight or body tissue or to prevent undue suffering.
- ENCOUNTER. A face-to-face contact between a patient and a provider who has primary responsibility for assessing and treating the patient at a given contact, exercising independent judgment.
- FAMILY MEMBER PREFIX (FMP). A two-digit number used to identify a sponsor or prime beneficiary or the relationship of the patient to the sponsor.
- FY. Fiscal Year
- GME. Graduate Medical Education. Full-time, structured medically related training, accredited by a national body (e.g., the Accreditation Council for Graduate Medical Education) approved by the commissioner of education and obtained after receipt of the appropriate doctoral degree.
- HCFA. Health Care Financing Administration. Now Centers for Medicare & Medicaid Services (CMS).
- HCPCS. Health Care Financing Administration's Common Procedural Coding System. A set of codes used by Medicare that describes services and procedures. HCPCS includes Current Procedural Terminology (CPT) codes, but also has codes for services not included in CPT, such as ambulance. While HCPCS is nationally defined, there is provision for local use of certain codes.

- **HEALTH CARE PROVIDER.** A healthcare professional who provides health services to patients; examples include a physician, dentist, nurse, or allied health professional.
- **I&R.** Invoice & Receipt.
- **IAR.** Interagency Rates.
- **ICD-9-CM.** International Classification of Diseases, 9th Revision, Clinical Modification. A coding system for classifying diseases and operations to facilitate collection of uniform and comparable health information.
- **IMET.** International Military Education and Training.
- **IMMUNIZATION.** Protection of susceptible individuals from communicable diseases by administration of a living modified agent, a suspension of killed organisms or an inactivated toxin.
- **IMMUNIZATION PROCEDURE.** The process of injecting a single dose of an immunizing substance. For a detailed discussion on counting immunization procedures, see DoD 6010.13-M (reference (a)).
- **MAC.** Medical Affirmative Claims.
- **MEPRS.** Medical Expense and Performance Reporting System. A uniform reporting methodology designed to provide consistent principles, standards, policies, definitions and requirements for accounting and reporting of expense, manpower, and performance data by DoD fixed military medical and dental treatment facilities. Within these specific objectives, the MEPRS also provides, in detail, uniform performance indicators, common expense classification by work centers, uniform reporting of personnel utilization data by work centers, and a cost assignment methodology. (The two-digit MEPRS code identifies departments and the three-digit MEPRS code identifies clinic services.)
- **MSA.** Medical Services Account.
- **MTF.** Military Treatment Facility. A military facility established for the purpose of furnishing medical and/or dental care to eligible individuals.
- **OCCASION OF SERVICE.** A specific identifiable act or service involved in the medical care of a patient that does not require the assessment of the patient's condition nor the exercising of independent judgment as to the patient's care, such as a technician drawing blood, taking an x-ray, administering an immunization, issuance of medical supplies and equipment; i.e., colostomy bags, hearing aid batteries, wheel chairs or hemodialysis supplies, applying or removing a cast and issuing orthotics. Pharmacy, pathology, radiology and special procedures services are also occasion of service and not counted as visits.
- **OCONUS.** Outside the Continental United States.
- **OUTPATIENT.** An individual receiving health care services for an actual or potential disease, injury or life style related problem that does not require admission to a medical treatment facility for inpatient care.
- **OUTPATIENT PROFESSIONAL SERVICES.** Ambulatory professional services. See discussion on Inpatient Professional Services.

- **OUTPATIENT SERVICE.** Care center providing treatment to patients who do not require admission as inpatients.
- **PATIENT.** A sick, injured, wounded, or other person requiring medical or dental care or treatment.
- **PCM. Primary Care Manager.** An individual (military or civilian) primary care provider, a group of providers, or an institution (clinic, hospital, or other site) who or which is responsible for assessing the health needs of a patient, and scheduling the patient for appropriate appointments (example: pediatric, family practice, ob–gyn) with a primary health care provider within the local MHS network.
- **PCP. Primary Care Physician.** Generally applies to internists, pediatricians, family physicians and general practitioners and occasionally to obstetrician/gynecologists.
- **PRINCIPAL DIAGNOSIS.** The condition established after study to be chiefly responsible for the patient's admission. This should be coded as the first diagnosis in the completed record.
- **PRINCIPAL PROCEDURE.** The procedure that was therapeutic rather than diagnostic most related to the principal diagnosis or necessary to take care of a complication. This should be coded as the first procedure in the completed record.
- **PRIVILEGED PROVIDER.** Privileged providers use E/M codes. He/she is essentially an independent practitioner who is granted permission to provide medical, dental and other patient care in the granting facility within defined limits based on the individual's education, professional license, experience, competence, ability, health and judgment. The provider had his/her qualifications reviewed by the credentialing review board, a scope of practice defined and a request for privileges approved by the privileging authority.
- **PROFESSIONAL SERVICES.** Any service or care rendered to an individual to include an office visit, X-ray, laboratory services, physical or occupational therapy, medical transportation, etc. Also any procedure or service that is definable as an authorized procedure from the CPT-4 coding system or the OCHAMPUS manuals.
- **PROVIDER.** Healthcare professional or facility or group of healthcare professionals or facilities that provide healthcare services to patients.
- **RATE.** Regular fee charged to all persons of the same patient category for the same service or care.
- **REFERRAL.** Practice of sending a patient to another program or practitioner for services or advice that the referring source is not prepared or qualified to provide.
- **REVENUE CODE.** identifies a specific accommodation and/or ancillary service performed.
- **TPCP. Third Party Collection Program**
- **TPOCS. Third Party Outpatient Collection System.** Compiles outpatient visit information from Ambulatory Data System (ADM), and ancillary testing or services information from the Composite Health Care System (CHCS). Using rate tables for billing services from DoD Comptroller, the system generates a billing for accounts receivable, refunds or other health care insurance purposes.

- **UBU.** Unified Biostatistical Utility. The part of CEIS responsible for capturing and standardizing biostatistical data elements, definitions, data collection processes, procedure codes, diagnoses and algorithms across the MHS.
- **UCF.** Universal Claim Form. A paper claim form used to bill pharmacy claims only.
- **UNBUNDLING.** The practice of a provider billing for multiple components of service that were previously included in a single fee. For example, if dressing and instruments were included in a fee for a minor procedure, the fee for the procedure remains the same, but there are now additional charges for the dressings and instruments.
- **VISIT.** Healthcare characterized by the professional examination and/or evaluation of a patient and the delivery or prescription of a care regimen.
- **WORKLOAD.** An expression of the amount of work, identified by the number of work units or volume of a workload factor that a work center has on hand at any given time or performs during a specified period of time.

10. Acronyms

The acronyms used in this document are defined below:

ADM	Ambulatory Data Module
AMA	American Medical Association
APU	Ambulatory Procedure Unit
APV	Ambulatory Procedure Visit
CIW	Clinical Integrated Workstation
CPT	Current Procedural Terminology
CHCS	Composite Health Care System
CMS	Centers for Medicare and Medicaid Services
CNP	Continuous Negative Pressure
CPAP	Continuous Positive Airway Pressure
CONUS	Continental United States
DoD	Department of Defense
DRG	Diagnosis Related Group
DSN	Defense Switch Network
E&M	Evaluation and Management
ECG	Electrocardiogram
EKG	Electrocardiogram
HCPCS	Healthcare Common Procedure Coding System
ICD-9-CM	International Classification of Diseases, 9 th Revision, Clinical Modification
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
MHS	Military Health System
MTF	Military Treatment Facility
NEC	Not Elsewhere Classifiable
NOS	Not Otherwise Specified
OCONUS	Outside the Continental United States
PDRL	Permanent Disability Retirement List
PT/OT	Physical Therapy/Occupational Therapy
SADR	Standard Ambulatory Data Record
SIDR	Standard Inpatient Data Record
SSN	Social Security Number
TDRL	Temporary Disability Retirement List
UBU	Unified Biostatistical Utility